

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9061
Registrar's No. 2544

Registration District No. 791

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME Horace Bolden

8. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Not Known
(Month) _____ (Day) _____ (Year) _____

8. AGE: Years About 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Hannibal, Mo. (City, town, or county) (State or foreign country) Mo.

10. Usual occupation W.P.A. Teacher

11. Industry or business Not Known

12. Name _____
13. Birthplace Missouri (City, town, or county) (State or foreign country) Mo.

14. Maiden name Not Known
15. Birthplace Missouri (City, town, or county) (State or foreign country) Mo.

16. (a) Informant Bessie Weinstock
(b) Address 3531 Cozens Street

17. (a) Burial (b) Date thereof March 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal and Co.
(b) Address 2726 Lucas Ave.

19. (a) MAR 18 1940 (b) J. B. Brasher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
St Louis, Mo.
(c) City or town St Louis, Mo. 22
(If outside city or town limits write "RURAL")
318 South 23rd Street
(d) Street No. _____
(If rural, give location) _____
(e) ~~Medical certificate~~ _____ years.

20. DATE OF DEATH: Month Mar day 13th
year 1940 hour 7:15 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation
with Chronic Interstitial Myocarditis
and Chronic Bronchitis
Due to Emphysema, Chronic Bronchitis,
and Hypertension
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature J. B. Brasher (M. D. or other) _____
Address W. P. Cozens Date signed 3/18/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.