

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12497

State File No.

Registrar's No. 628

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 3/1/40.  
(Specify whether  
In this community Unknown.  
years, months or days) 11-15

3. (a) PRINT FULL NAME Frank H. Bolin

3. (b) If veteran, name war World War 3. (c) Social Security No. -

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

6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased August 16, 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business WPA

MOTHER FATHER  
12. Name Thomas Bolin  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Tennessee Watts  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schell  
(b) Address Clinical Clerk

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mo. 3/30/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. MAP 30 (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Piedmont  
(If outside city or town limits, write "RURAL")  
(d) Street No. -  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1940 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from March 1,  
19 40, to March 30, 19 40;

that I last saw him alive on March 30, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Colon. Duration Unkn.

Due to: 46'

Other conditions Tuberc Dorsalis, severa. Unkn.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -  
Of autopsy - (no 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?  
While at work [Signature] (Specify type of place)  
Means of injury [Signature]

23. Signature C.W. HUGHES, M.D. (M. D. or other) /  
Address Chief Medical Officer, Vbt. Adm. Bldg., Jeff. Bks., Mo.

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

**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

*J. G. Sullivan*

Licensed Embalmer No. 1122

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.**