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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16625

State File No.

JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4103

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hosp. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town ~~St. Louis~~ Wellston NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1559 Valle Av. Wellston
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Barney Bolte 430

3. (b) If veteran, name war —

3. (c) Social Security No. 493-05-1277

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Bolte

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) 18 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	19	hr. min.

9. Birthplace Ashley (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Pipe fitter 7

11. Industry or business Union Electric Co. 7

FATHER
12. Name Henry Bolte 6
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Agnes Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Bolte

(b) Address 1559 Valle Av. Wellston.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cem

18. (a) Signature of funeral director Witt Bros L & N Co.

(b) Address 2929 S. Jefferson Av.

19. (a) MAY 7 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1940 hour 4 minute 35 a M.

21. I hereby certify that I attended the deceased from 5/5/40, 19 to , 19 ; that I last saw h. in alive on 5/7/40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tbc.	?
Due to	
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? (e) Means of injury

23. Signature A. J. Signorelli M. D. (M. D. or other)

Address 1829 Cass Date signed 5/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt, Registered Apprentice No. ..... working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S Jefferson

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

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