DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19905 4853

Registration District No. 791 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(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: en route Homer Phillips 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) 435

3. (a) PRINT FULL NAME LESTER Bolden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 6 (Month) 10 (Day) 1900 (Year)

8. AGE: Years 39 ~~40~~ Months 61 Days 15 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business St Louis Paper Stock

FATHER
12. Name Clarie Bolden
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Bolden
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roscoe Bolden

(b) Address 1209 N 21 St

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation Fallen wood

18. (a) Signature of funeral director Metropolitan

(b) Address 3028 Dickson

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 25 (If outside city or town limits, write "RURAL")

(d) Street No. 1310 O'Fallon (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1940 hour 10 minute 30 P M.

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

Immediate cause of death Traumatic Hemorrhage due to stabwound in the chest perforating the Aorta and lacerating the lungs with a knife in the hands of one Minnie Mae Nims, Col., at 1310 Blair Av., about 10.20 P.M., May 25, 1940.

Duration

Due to HOMICIDE

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) Homicide

(b) Date of occurrence 5/25/1940

(c) Where did injury occur? 25 St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lee (M. D. or other)

Address Deputy Coun Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.