

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 219

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Florissant  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Commons Lake  
(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 John H. Bolte

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Helen Bolte 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Jan. 11 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 ----- 0 -- 18 - hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Conrad Bolte  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Mary Wiese  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Bolte  
(b) Address Commons Lane Florissant Mo

17. (a) Burial (b) Date thereof Feb. 2 D 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Secret Heart Florissant Mo

18. (a) Signature of funeral director Edward Neal St. Louis Mo  
(b) Address 3516 N. 14 Th Str

19. (a) JAN 30 1949 (b) J. K. M...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis Co  
(c) City or town Florissant  
(If outside city or town limits, write "RURAL")  
(d) Street No. Commons Lane  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1941 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 24  
1941 to Jan 29 1941  
that I last saw him alive on Jan 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Interstitial Nephritis

Due to \_\_\_\_\_  
Due to 1312

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Alonzo (M. D. or other) D  
Address St. Louis Mo Date signed Jan 30 1949

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

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P. O. Address

432 Lemay

**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.**