

No. 2
11-10-39
-17-39
X21492

LE MAR 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1793**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
527 South 23rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 227
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 527 South 23rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1941 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/1, 1941, to 2/20, 1941
that I last saw him alive on 2/20, 1941

3. (a) PRINT FULL NAME Anna Bolden

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

4. Sex Female Color Col 6. (a) Single, widowed, married, divorced Widowed
5. (b) Name of husband or wife John Bolden 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased August 9 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>11</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Ely Wilson
13. Birthplace Missouri
(City, town or county) (State or foreign country)
14. Maiden name Waller
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Koberger
(b) Address 527 South 23rd St.

17. (a) Burial (b) Date thereof Feb 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director T. C. Green
(b) Address 2915 Franklin Ave

19. (a) **FEB 25 1941** (b) J. J. Bredeck
(Date of local registrar) (Registrar's signature)

Immediate cause of death Cerebral Infarction Duration _____
(Type of infarction)
Due to _____
Due to _____
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. J. Bredeck (M. D. or other) _____
Address 1124 Jefferson Ave Date signed _____

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

00
179
9

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

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.