

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

9600

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Care Crest Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(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 Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES BOLHORN

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: May 26 1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation mil

11. Industry or business _____

12. Name Richard Nebo

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Chamberlain

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Rudolph

(b) Address 1647 Sempke

17. (a) Cremation (b) Date thereof 9-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO Crematory

18. (a) Signature of funeral director W. Schumacher

(b) Address 5013 Margaret St.

19. (a) SEP 19 1941 (b) C. H. McCarroll
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 17
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 21 1941 to Sept 16 1941; that I last saw her alive on Sept 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to _____
Due to 50

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. W. Jansen (M. D. 0)
Address Manchester, Mo Date signed 9/19/41

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 Clarence Kochow, Registered Apprentice No. _____ working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address

3013 Meramec

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, fact should be so stated above.