2
-41
39
26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33633

Registration District No. 791 FILED NOV 24 1941

Primary Registration District No. 1003

Registrar's No. 8591

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

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: ST. LOUIS Childrens Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 1721
(If outside city or town limits, write "RURAL")

(d) Street No. 2220 a CARR 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OLIVER BOLDEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Child. C

6. (b) Name of husband or wife —

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

7. Birth date of deceased 10-14-41 (Month) (Day) (Year)

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace ST. LOUIS C D (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name WILL.
13. Birthplace Miss. (City, town, or county) / Miss (State or foreign country)

MOTHER
14. Maiden name Lu Bertha Lacey
15. Birthplace Miss. (City, town, or county) / Miss (State or foreign country)

16. (a) Informant St. Louis Childrens
(b) Address 500 So. Kings highway

17. (a) burial (Burial, cremation, or removal) (b) Date thereof OCT 29 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY.

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept

19. (a) OCT 29 1941 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 25
year '41 hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from 10-14-41, 19, to 10-25-41, 19;
that I last saw him alive on 10 25-41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive H. disease Bronchopneumonia	
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 0

23. Signature Russell J. Blottner (M. D. or other)

Address 500 So. Kingshighway Date signed

(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.....

....., 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.