

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... One Day.  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 17. 000  
(c) City or town..... St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3862 Botanical Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.  
year 1942 hour 4. minute 30 A.M.  
21. I hereby certify that I attended the deceased from 5/18/31  
4/11 1942 to 1942  
that I last saw her alive on 4-1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Bronchopneumonia  
Due to.....  
Due to.....  
Other conditions.....  
Hypertensive Hb. Disease  
Colonary Hb. Disease  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Emma R. Bulte.  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed.  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
John Bulte. 3, 1865  
7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 28 hr. min.

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

10. Usual occupation.....  
At Home.

11. Industry or business.....

MOTHER FATHER { 12. Name..... Joseph Rolfmeyer.  
13. Birthplace..... Germany. (City, town, or county) (State or foreign country)  
14. Maiden name..... Louise Monks.  
15. Birthplace..... Mo. (City, town, or county) (State or foreign country)

16. (a) Informant..... Miss Marie Louise Bulte  
(b) Address..... 3862 Botanical Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... Calvary Cemetery.

18. (a) Signature of funeral director..... Arthur J. Donnelly  
(b) Address..... 3840 Lindell Blvd

19. (a) APR 2 1942 (b) J. F. Predeck  
(Date received local registration) (Registrar's signature)

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..... David H. Flaven (M. D. or other) M.D.  
Address..... 401 Humboldt Bldg Date signed 4/2/42

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

100  
17  
9

*Dr. Potachinski*  
*Mumford Body*  
*1-5 Pa*

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**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Hindell*

**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.**