

S. No. 2
M-5.42
v. 5-17-39
X32873

25686

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 20 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6724

100
17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 5908 Morgonford
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Katherine (Katie) Bolgard

3. (b) If veteran, name war.....

3. (c) Social Security No. Nil

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife..... Albert Bolgard

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

7. Birth date of deceased..... October 17, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 9 20hr.min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Agnes Heinecke

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

16. (a) Informant..... Helen Bolgard

(b) Address..... 5908 Morgonford

17. (a) Burial (b) Date thereof..... 8/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul Churchyard

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Chestnut

19. (a) (Date and locality of death)..... AUG 18 1942
(Registrar's signature)..... J. J. Medeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1942 hour 12.35 A.M. minute..... M.

21. I hereby certify that I attended the deceased from
July 14, 1942 to August 7, 1942
that I last saw her alive on August 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Toxemia and Exhaustion
General Sepsis
Due to..... Carcinoma of ascending
Colon
Due to..... 2 yrs.

Other conditions..... 1/10
(Include pregnancy within 3 months of death)

Major findings: Of operations..... No operation
Of autopsy..... no 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..... 0

23. Signature..... Wm. H. Norton (M. D. or other) M.D.
Address..... 634 No. Grand Blvd Date signed..... 8/2/42
St. Louis, Mo

MOTHER FATHER

847 (Licensed Embalmer's Statement on Reverse Side)

Duration

6 Mo.

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. *1284*.....

P. O. Address. *St Louis Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fallure to comply with the above constitutes grounds for revocation of license.)

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