S. No. 2
M—5-42
5-[illegible]
X32675

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3302

State File No. .....

FILED FEB 3 1943

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 199

94
0
0

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 4 mos. 11 das (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stt. Louis 94
(c) City or town S t. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2809 North Sarah 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANCIS-JOSEPH BOLIN

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

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eleanor (Grady) Bolin
6. (c) Age of husband or wife if alive Unknown Years

7. Birth date of deceased 5- (Month) 7 (Day) 7278 (Year) 1878

8. AGE: Years 64 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Steam Fitter and Boiler Maker

11. Industry or business Steam Fitter

FATHER
12. Name John Bolin
13. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Ryan
15. Birthplace Waterloo (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- (Month) 23- (Day) 43 (Year)
(c) Place: burial or cremation Calvary Cem. St. Louis, Mo

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address St. Louis, Mo

19. (a) Feb 1, 1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1196

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from March 27, 1941 to Jan. 21, 1943; that I last saw him alive on Jan. 21, 1943, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral arteriosclerosis	6 yrs
Due to generalized arteriosclerosis	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Psychosis with cerebral arteriosclerosis	

97

Major findings:
Of operations .....
Of autopsy No 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 .....

23. Signature Paul Schrader (M.D. or other) MD
Address Farmington, Mo. Date signed 1-30-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1943

RECEIVED
District Health Officer No. 4
District File Number 243-1648
Date Filed 2-2-43

FEB 4 1943

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address St. Louis, Mo.

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.