

Registration District No. 21

Primary Registration District No. 200

1. PLACE OF DEATH:

(c) County St. Louis  
(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8947 Mayfield Court  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 19 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8947 Mayfield Court  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eva Boldt

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorced  
6. (b) Name of husband or wife Carl Boldt 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 28th, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 8 0 0 hr. min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Ebert  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Heinzelmänn  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. J. Hoffman  
(b) Address 8947 Mayfield Ct. Jennings, Mo.  
17. (a) Burial (b) Date thereof Feb. 1, 1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. John's Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz, Fun. Home  
(b) Address 4828 Natural Bridge, St. Louis, Mo.

19. (a) FEB 1 1943 (b) C. J. McKeown  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th,  
year 1943 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from 10-22-38  
, 1938, to 1-28-43, 1943;  
that I last saw her alive on 1-20-43, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Chronic myocarditis.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of 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 \_\_\_\_\_  
23. Signed Walter H. Spencer (Physician's signature)  
Address 1506 St. Louis Date signed 2-29-43

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

96000

1515  
Apr 20 1922

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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.....

*John A. Melnar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Melnar*.....

Licensed Embalmer No. *4186*.....

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.**