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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29737

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8250

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1522 Franklin
(If rural, give location)

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

If yes, name country

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925

3. (a) PRINT FULL NAME Clifton Bolton

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 12 (Day) 1900 (Year)

8. AGE: Years 43 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robert Bolton
13. Birthplace Scott (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Mattie Norwood
15. Birthplace ? (City, town, or county) Miss (State or foreign country)

16. (a) Informant Sarah Bolton
(b) Address 1522a Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) SEP 16 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12, year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from September 8, 1943 to September 12, 1943 that I last saw him alive on September 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
Prob. Tuberculous Meningitis	Unk.
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

23. Signature Alva Moore (M. D. or other)
Address 601 Whittier Date signed 9/13/43

(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 Myself Lonnie Boykins, Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

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.