S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35281

FILED NOV 27 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9716

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

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: residence-5911 McPherson Avenue (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5911 Mc Pherson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY REGINA BOLSER FRENCH

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clark B. French
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May (Month) 9 (Day) 1875 (Year)

8. AGE: Years 70 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Charles Bolser
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Marsh
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mr. Clark B. French
(b) Address 5911 McPherson Ave., St. Louis
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11-12-45. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) NOV 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1945 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from Sept 4, 1945, to Nov 9, 1945 that I last saw her alive on Nov 9, 1945, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 6 mo

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 [signature] (M.D. or other) 50
Address 6201 Loten Mo Date signed 11-9-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. R. Hicks.
6201 Lotus
40-1592
10 to 12

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.