S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

State File No. 7291

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1672

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:
5320 Mardel Ave
(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 Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5320 Mardel Ave 14 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Bulte

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 Widowed

6. (b) Name of husband or wife Bernard

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

7. Birth date of deceased Oct (Month) 5 (Day) 1867 (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Matheides Stoltman
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Clara Marie Specht
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Raymond H Bulte

(b) Address 5320 Mardel Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 19 46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 S. Kingshighway

19. (a) FEB 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1946 hour 12.15 AM minute M.

21. I hereby certify that I attended the deceased from Dec. 10, 1945, to Feb. 15, 1946
that I last saw her alive on Feb. 15, 1946.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic Lobar	3 day
Due to Carcinoma Rectum	14 mos.
Due to Metastatic Carcinoma	5 mos.
Other conditions Myocardial damage (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations none
Of autopsy none

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 No

(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 0

23. Signature [signature] (M. D. or other) MD

Address 2767 Gravois Ave Date signed 2-18-46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.