

FILED MAY 23 1946

Primary Registration District No. 1003

Registrar's No. 4423

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

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

(c) City or town ST. LOUIS 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1728^a MENARD
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME Martin Atlas Bolin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-1272

4. Sex male 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY JANE 6. (c) Age of husband or wife if _____

7. Birth date of deceased AUGUST 20 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>46</u>	<u>8</u>	<u>26</u>	hr. min.
-----------	----------	-----------	----------

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

10. Usual occupation CRANE OPERATOR

11. Industry or business BUSCH SELTZER

12. Name MARTIN BOLIN

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MARY JANE BOLIN

(b) Address 1728^a MENARD

17. (a) BURIAL (b) Date thereof MAY 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director John Kutzko

(b) Address 2906 GRAVOIS

19. (a) MAY 16 1946 (Date valid in local jurisdiction) John F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1946 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 1 1946 to May 16th 1946; that I last saw him alive on May 16th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Callemia

Due to Cirrhosis of the liver

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/24

Major findings: Of operations _____ Of autopsy none

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 0

23. Signature FR Bradley (M. D. or other) Address Barnes Hospital Date signed 5/16/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Approver No.....

working under my personal supervision.

Signed David Von Jensen.....

Licensed Embalmer No. 6282.....

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.