

FILED MAR 23 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9999
Registrar's No. 2185

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1826a N. 9th Street 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY BOLTE

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Anna Bolte
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 23-1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 8
If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Retired)

11. Industry or business

MOTHER FATHER } 12. Name John Bolte
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Maria Hollman
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Erna Kerney
(b) Address 2715 Sullivan Avenue

17. (a) Burial (b) Date thereof Mar. 4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director W. C. Myrdall
(b) Address 1926 Allen Avenue

19. (a) MAR 3 1948 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1948 hour 11 minute 06 A. M.

21. I hereby certify that I attended the deceased from 19... to 19...
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis
Arteriosclerosis
Due to 94a

Other conditions (Includes 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?

While at work? (Specify type of place) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 3/3/48

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

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.....

Me

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

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Avenue

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.