No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20675

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5392

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 City Hospital 0
(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 600
(c) City or town St. Louis Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4802 Woodstock 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Edward W. Bolbecher
3. (b) If veteran, name war None
3. (c) Social Security No. 490-05-2397
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Marie Bolbecher
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased May 25, 1909 (Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 17 If less than one day hr. min.
9. Birthplace St. Louis, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Shipping clerk
11. Industry or business Klein Mfg Co
FATHER
12. Name Frank Bolbecher
13. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Valerie Hirt
15. Birthplace Austria 4 (City, town, or county) (State or foreign country)
16. (a) Informant Marie Bolbecher
(b) Address 4802 Woodstock
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 16 48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edw Koch + Son
(b) Address 3516 N. 14th - St Louis Mo
19. (a) JUN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1200
year 1948 hour minute 7 20 P M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion Cardiac Hypertrophy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 95
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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)
Address Dry Co Date signed 6-14-48

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

Jefferson City Printing Co. (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 Ronald Yahke

Licensed Embalmer No. 3915

P. O. Address St Louis

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.