

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUL 22 1948

Registration District No.

318

Primary Registration District No.

1003

State File No. **24120**

Registrar's No. **6151**

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: **Peoples Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eva G. Bolden**

3. (b) If veteran, name war **-----**

3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William R. Bolden**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **August 6, 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **II** Days **2**
If less than one day hr. min.

9. Birthplace **Saint Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**
Home

11. Industry or business **Home**

12. Name **William B. Henderson**

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

14. Maiden name **Louissa Woods**

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

16. (a) Informant **William R. Bolden**

(b) Address **1814 Bellglade Avenue**

17. (a) **Burial** (b) Date thereof **7/12/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Wood Cemetery**

18. (a) Signature of funeral director **Lee Sneed**
(b) Address **3615 Easton Ave**

19. (a) **JUL 12 1948** (b) **J. F. Brauer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1814 Bellglade Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1948** hour **I** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **July 7, 1948** to **July 8, 1948**
that I last saw him alive on **July 8, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia 5 days**
Due to **(Type not determined)**

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations **108**
Of autopsies

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 **at** Means of injury **at**
23. Signature **Plain W. Carter** (M. D. or other) **M. D.**
Address **7425 Biddle** Date signed **7-10-48**

MOTHER FATHER

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.....

Esther A. Harris

Licensed Embalmer No. *4458*

P. O. Address. *3030 Bell Cr*

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.