No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30857
Registrar's No. 7910

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5404 Beacon Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5404 Beacon Avenue, 20.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert F. Bolte
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hermina (Minnie) Bolte
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased September 8th, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Retired

FATHER
12. Name Frederick Bolte
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Hermina Bolte
(b) Address 5404 Beacon Avenue, 20.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) SEP 9 1948 (Date received local reg.) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 3 1948 to Sept. 5 1948 that I last saw him alive on Sept. 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
apoplexy	2 days
Due to: General Hypertension	Don't know
Due to:	
Other conditions (Include pregnancy within 3 months of death): 82	

Major findings:
Of operations —
Of autopsy —

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 R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 9-7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

5330 Geraldine Avenue,

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. John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.