

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 34943  
9332

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>14- 6269 Delor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6269 Delor</u>				d. STREET ADDRESS (If rural, give location) <u>14- 6269 Delor</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Bolin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 11, 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Valentine Blum</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Huth</u>		14. NAME OF HUSBAND OR WIFE <u>Frank T.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Dorothy C. Bolin, 6269 Delor</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis Chr.</u> DUE TO (c) <u>Myocarditis Chr.</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION: _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., floor above; home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____ (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4321-</u>					
22. I hereby certify that I attended the deceased from <u>Mar 10, 1949</u> to <u>Oct 27, 1949</u> , that I last saw the deceased alive on <u>Oct 27, 1949</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph L. Lammore M.D.</u>				23b. ADDRESS <u>3720 Washington Ave</u>		23c. DATE SIGNED <u>Oct 29-49</u>	
24a. DATE OF BURIAL, CREMATION, OR REMOVAL OF BODY <u>Antagonment</u>		24b. DATE <u>Oct. 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausdeum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE HELD BY LOCAL REG. OFFICE <u>OCT 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Blanton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN FUNERAL HOME, INC 1936 St. Louis Avenue</u>			

Dr. J. W. Larimore  
Beaumont Medical Bldg.,  
3720 Washington

Saturday: 8:30 to 9:00  
1:00 to 2:00

Other days: 8:30 to 9:00  
2:00 to 4:00

---

---

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max L. Wenzel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.