

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42294

FILED JAN 7 1950

State File No.

318

1003

11103

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

Registrar's

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS SANITARIUM.		d. STREET ADDRESS (If rural, give location) 5218 HILDA AV.	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) H. c. (Last) BOLD		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1949	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	8. DATE OF BIRTH JULY 4-1874
9. AGE (In years last birthday) 75 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	11. BIRTHPLACE (State or foreign country) MO.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John BOLD.		13b. MOTHER'S MAIDEN NAME ANN.	14. NAME OF HUSBAND OR WIFE UNKNOWN, ROSA M. BOLD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosa M. Bold 4218 Hilda Av.
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Disease ANTECEDENT CAUSES Cerebral Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR FALL	
22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Dec. 25, 1949, that I last saw the deceased alive on Dec. 25, 1949, and that death occurred at 1:50 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marron C. Johnson, M.D.		23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 12/25/49
24a. BURIAL OR CREMATION (Specify) BURIAL	24b. DATE DEC-28-49	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE Cemetery	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 27 1949 J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Av.	

None

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

Joseph B. Hollman

Licensed Embalmer No. *21014*

P. O. Address *3125 S. E. 1st St. Tampa, Fla.*

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.