

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7111

State File No. ....

317

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 6076 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MANCHESTER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING</u>		d. STREET ADDRESS (If rural, give location) <u>13 5108 SOUTHWEST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AURELIA</u>	b. (Middle) _____	c. (Last) <u>BOLESINA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1950</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Aug. 15, 1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Boles</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>Antonio Bolesina</u>
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14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Guido Bolesina</u>	ADDRESS <u>5108 SOUTHWEST</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma st. breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple metastasis</u>		
	DUE TO (c) _____		
II. 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"/>
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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) <u>170X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 6, 1950, to Feb 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Denny, M.D.</u> (Degree or title)	23b. ADDRESS <u>Creve Coeur, Mo</u>	23c. DATE SIGNED <u>2-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter &amp; Paul</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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RECORDED BY LOCAL REG. <u>FEB 17 1950</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Slonka, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Calentere</u>	ADDRESS <u>5142 Daggitt</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Elmo R. Cadwell*

Licensed Embalmer No. 4077

P. O. Address.....

**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.