

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10185
2219

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 16-3547 Utah St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | |

| | | | |
|--|-----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) PETER | b. (Middle) L. | c. (Last) BOLDS | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 6 1950 |
|--|-----------------------|------------------------|---|

| | | | | | | | |
|--------------------|-------------------------------|---|---|---|------------------------|----------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sep't. 23, 1867 | 9. AGE (in years last birthday) 82 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | Min. |
|--------------------|-------------------------------|---|---|---|------------------------|----------------------|------|

| | | | |
|---|-----------------------------------|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer (About 13 Yrs.) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Union Co. Kentucky | 12. CITIZEN OF WHAT COUNTRY? |
|---|-----------------------------------|---|------------------------------|

| | | |
|--|---|--|
| 13a. FATHER'S NAME Willis Bolds | 13b. MOTHER'S MAIDEN NAME Rose Buckman | 14. NAME OF HUSBAND OR WIFE Elizabeth Bolds |
|--|---|--|

| | | | |
|--|-------------------------------------|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Bolds | ADDRESS 3547 Utah St. |
|--|-------------------------------------|--|------------------------------|

| | | | |
|---|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 weeks |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis | | |
| | ANTECEDENT CAUSES Major conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion | | |
| DUE TO (c) Dislocation Right Shoulder | | 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 checked="" type="checkbox"/> NO <input 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) H-201 |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **1/31, 1950**, to **2/6, 1950**, that I last saw the deceased alive on **3/5, 1950**, and that death occurred at **11:5 A. m.**, from the causes and on the date stated above.

| | | |
|---|--|---------------------------------|
| 23a. SIGNATURE John J. Kennedy (Degree or title) D.M.D. | 23b. ADDRESS 16 Hampton Village Plaza | 23c. DATE SIGNED 5/27/50 |
|---|--|---------------------------------|

| | | | |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 8, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mol. |
|---|-------------------------------|---|---|

| | | | |
|--|---|--|--|
| DATE REC'D BY LOCAL REG. MAR 7 1950 | REGISTRAR'S SIGNATURE J. B. Lanier | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl |
|--|---|--|--|

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Edwin A. Mc Dermott*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3024*.....

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.