

STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1951

State File No.

318

1003

10072

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>MO</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>		2719	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1925 Carr St</u>				d. STREET ADDRESS (If rural, give location) <u>1925 Carr St</u>			
3. NAME OF DECEASED a. (First) <u>LUELLA</u>			b. (Middle) _____			c. (Last) <u>BOLDEN</u>	
4. DATE OF DEATH (Type or Print) _____		(Month) _____		(Day) _____		(Year) <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 16-1910</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Taylor Glenn</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline not known</u>		14. NAME OF HUSBAND OR WIFE <u>Roseo Bolden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do, or unknown) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OTIS Granberry</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES (b) <u>Chronic Hypertrophic myocarditis and</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>E. myocarditis?</u>					
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) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H222</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Quinn</u> (Print name, address or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/13/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County MO</u>	
DATE REC'D BY LOCAL REG. <u>NOV 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Richardson</u> ADDRESS <u>2625 Glass</u>			

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 *W Richardson* _____

Licensed Embalmer No. *2928* _____

P. O. Address *2625 Glasgow* _____

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.