

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26711

State File No. ....

FILED JUL 31 1952

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>1970</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2169</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - LEMAY</u>		c. LENGTH OF STAY (In this place) <u>1 WK.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 OAKS REST HOME 9353 S. Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>3010 Magnolia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gottfried</u>		b. (Middle)		c. (Last) <u>Bolfing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 22 - 52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>12-18-60</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST DISPATCH EMP.</u>		11. BIRTHPLACE (State or foreign country) <u>Switzerland 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN BOLFING</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Willer (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALOIS BOLFING 3223 TENNYSON SQ.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200</u>					
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)			
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?			
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> to <u>July 15, 1952</u> , that I last saw the deceased alive on <u>July 15, 1952</u> and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William T. Fitzgerald M.D.</u>		23b. ADDRESS <u>1325 S. Grand Blvd.</u>		23c. DATE SIGNED <u>7-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL 4</u>		24b. DATE <u>JULY 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roman Kuter 2906 Shaver</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Ronald C. Dill*

Licensed Embalmer No. *4347*

P. O. Address

*2906 Morris*

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.