

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10455

State File No. ....

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 6602

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Mo.</u> |  | c. CITY OR TOWN <u>Overland</u> <u>423 K</u>   |  |
| c. LENGTH OF STAY (in this place) <u>D.O.A.</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, Co. Hosp.</u>                              |  | f. STREET ADDRESS (If rural, give location) <u>9732 Midland, Ave.</u>  |  |

|                                     |                          |                           |                       |                                       |                              |
|-------------------------------------|--------------------------|---------------------------|-----------------------|---------------------------------------|------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Edward</u> | b. (Middle) <u>Herman</u> | c. (Last) <u>Bolm</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>3</u> <u>19</u> <u>55</u> |
|-------------------------------------|--------------------------|---------------------------|-----------------------|---------------------------------------|------------------------------|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>MARCH 7, 1875</u> | 9. AGE (In years last birthday) <u>80</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>Lawyer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

|                                       |   |   |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME <u>Herman Bolm</u> | 13b. MOTHER'S MAIDEN NAME <u>Posina Polster</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|---------------------------------------|---|---|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>500-26-0453</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Francis Lancaster</u> | ADDRESS <u>12 Red Wood, Dr.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolus to Cerebral vessel</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Bronchogenic Carcinoma</u> <u>months</u>        |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u> <u>years</u> |  |  |

|                        |                                  |             |  |
|------------------------|----------------------------------|-------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <u>162X</u> | 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) (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 Jan, 1953, to Mar 19, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Jesse Younger M.D.</u> (Degree or title) | 23b. ADDRESS <u>2560 Woodson Rd.</u> | 23c. DATE SIGNED <u>3/21/55</u> |
|--|--------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/22/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles, Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/21/55</u> | REGISTRAR'S SIGNATURE <u>Richard B. Lombardi</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel H. Dees</u> ADDRESS <u>504 Woodson, Rd. Overland, Mo.</u> |
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(Licensed Embalmer - Statement on Reverse Side)

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 .....  
Signature of Student Embalmer

Signed *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.