

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28136**FILED SEP 6 1956 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7384**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this city or township) no-admitted		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE Hosp		e. STREET ADDRESS (If rural, give location) 24 3224 S. 13th		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) BERNADINE		b. (Middle) -		c. (Last) BOLTE	
4. DATE OF DEATH (Month) (Day) (Year) 8 8 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 9 1887		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN BREITENBACH		13b. MOTHER'S MAIDEN NAME ANNA FINDER	
14. NAME OF HUSBAND OR WIFE August Bolte		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME AUGUST C. BOLTE		18. ADDRESS 3224 S. 13th		19. INTERVAL BETWEEN ONSET AND DEATH 4 months	
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inoperable gastric carcinoma		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19a. DATE OF OPERATION 6/27/56		19b. MAJOR FINDINGS OF OPERATION inoperable gastric carcinoma	
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) 151x		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? -		22. I hereby certify that I attended the deceased from 7/1 1956, to 8/8 1956, that I last saw the deceased alive on 8/8 1956, and that death occurred at 12 P. m. , from the causes and on the date stated above.		23a. SIGNATURE Stefan J. Sabgenchi M.D.	
23b. ADDRESS 1326 Grand Blvd.		23c. DATE SIGNED 8/8/56		24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	
24b. DATE AUG. 11 1956		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	
DATE REC'D BY LOCAL REG. AUG 9 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutas	
ADDRESS 2906 Gracia		26. (Licensed Embalmer's Statement on Reverse Side) mrb			

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 *Leo J. Budde*
Licensed Embalmer No. *39*
P. O. Address *St. Louis*

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.