

Health, Welfare, Public Service

000-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22359  
STATE FILE NUMBER 5825

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7007 Pennsylvania		Length of stay in lb	d. STREET ADDRESS 7007 Pennsylvania ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Albert Last Bolfing			4. DATE OF DEATH Month June Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4 1894		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in the present or working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Ehrhardt Tool Co.		11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois	
13. FATHER'S NAME August Bolfing			14. MOTHER'S MAIDEN NAME Julia Schelling		
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. 485-05-3036		17. INFORMANT Address Mrs. A. Millsagle 725 Dammert ave. Lemay, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of skull and brain Self inflicted on the 19th of June at 7007 Pennsylvania. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) While suffering under					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) temporary mental aberration			
20c. TIME OF INJURY Hour a. m. 6 p. m. 1957		E976x			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Royal		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner - 3			22b. ADDRESS 1300 Clark 1306 Clark		22c. DATE SIGNED 6/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 24, 1957		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
			23d. LOCATION (City, town, or county) (State) 1600 Lemay Ferry Rd. Lemay, Mo.		
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 7814 S. Broadway			25. DATE RECD. BY LOCAL REG. JUN 22 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. J.P.

(Licensed Embalmer's Statement on Reverse Side)

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 *Leines C. Hoffmann* .....

Licensed Embalmer No. 38

P. O. Address 7814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.