

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 59-019871
 STATE FILE NUMBER

JUN 9 1959 Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1541

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		c. CITY OR TOWN Ferguson 4119	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 422 Thomas Ave.		d. STREET ADDRESS 422 Thomas Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Rosa May Bold		4. DATE OF DEATH Month Day Year 6-4-59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-24-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Jefferson County Mo.
13a. FATHER'S NAME David Marsh		13b. MOTHER'S MAIDEN NAME Mary Jacob	14. NAME OF HUSBAND OR WIFE Robert H. Bold
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, () or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 497-01-1475D	17. INFORMANT Address Mary Hagen 422 Thomas Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic hypertensive cardiovascular disease. DUE TO (c) Diabetis Mellitus			INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 12 yrs. 15 yrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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, street, office bldg., etc.) 1954 death	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on May 10, 1959 Death occurred at 4:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Keillett M.D.		22b. ADDRESS 2314 Telegraph Rd.	22c. DATE SIGNED 26 0X
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. 6-5-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

 All diseases in Part I must be causally related.
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
300
1-57

9

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address *Ferguson 95*

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.