

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 2 5 1

FILED VS DEC 23 1959

211631

STATE FILE NUMBER

| | | | |
|---|---|---|---|
| 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 | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS (If outside, give location) 4561 N. Market | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Last Bolar | | 4. DATE OF DEATH Month 12 Day 13 Year 59 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 25 June 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 78 |
| 11. BIRTHPLACE (City and state or country) St. Louis Mo | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Charles Jenkins | | 13b. MOTHER'S MAIDEN NAME Nanie Washington | |
| 14. NAME OF HUSBAND OR WIFE Dead | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mr Louise Bolar 4361 N. Market | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH Undet. Undet. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. | Month, Day, Year | | |
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 12-1-59 to 12-13-59 and last saw ^{her} xxx alive on 12-13-59 | | Death occurred at 12:35 a. m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>Edward B. Whittier</i> (Degree or title) M. D. | | 22b. ADDRESS 2601 N. Whittier St. | |
| 22c. DATE SIGNED 12-14-59 | | 23. NAME OF CEMETERY OR CREMATORY Washington Park | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 12/17/59 | |
| 23c. LOCATION (City, town, or county) St. Louis county | | 23d. STATE Mo | |
| 24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247 W Labadie | | 25. DATE RECD. BY LOCAL REG. DEC 15 1959 | |
| 26. REGISTRAR'S SIGNATURE <i>Earl Smith</i> M. D. | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

H. Claude Gardner

Licensed Embalmer No. 3489

P. O. Address 1123 Taylor

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.