

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033362

FILED VS/ SEP 7 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2539

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Length of stay in lb MONS.	c. CITY OR TOWN San Antonio Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gunter Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ADOLPH Middle BOLDT Last			4. DATE OF DEATH Month AUG. Day 26 , Year 1960				
5. SEX Male	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 7/21/1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Sect. So. Dist. U.S. Chamber of		10b. KIND OF BUSINESS OR INDUSTRY Commerce.		11. BIRTHPLACE (City and state or country) Clinton, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Boldt.		13b. MOTHER'S MAIDEN NAME Julia Theisen.		14. NAME OF HUSBAND OR WIFE Norma Boldt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Kyrle Boldt; 12660 Post Oak Road.			

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 Lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Pulmonary Tuberculosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 St. Louis	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from April, '60 8-26-60 and last saw ^{her} him alive on 8-26-60 Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE William A. Turner MD	(Doctor or title)	22b. ADDRESS 4401 Hampton	22c. DATE SIGNED 8-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/1960	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

24. FUNERAL DIRECTOR C.R. LUPTON & SONS; 7233 DELMAR BLVD.	25. DATE RECD. BY LOCAL REG. 8-27-60	26. REGISTRAR'S SIGNATURE John E. Murphy MD
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Baldt

10:30 a.m.

Dr. Werner

4401 Hampton

44-1-818



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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