

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015821
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1204

AMENDED

FILED MAY 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b <u>3-mon.</u>	c. CITY OR TOWN <u>Brentwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9385 Parkside Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emmet Middle Bolger Last Bolger 4. DATE OF DEATH Month April Day 29th. Year 1961

5. SEX M. 6. COLOR OR RACE W. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/10/1915 9. AGE (last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate, Broker & Appr. 10b. KIND OF BUSINESS OR INDUSTRY Minocqua, Wisconsin 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME P.B. Bolger 13b. MOTHER'S MAIDEN NAME Unk. Rice 14. NAME OF HUSBAND OR WIFE Mrs. Ann Irene Bolger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address Mrs. Ann Irene Bolger, 9381 Parkside Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor, Oligodendroglioma Brentwood, Mo. INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastases to skull & scalp
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Decubitus ulcers, multiple. PART III. If deceased was female was there a pregnancy in last 90 days. Yes N: Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1954 to Apr. 29, 1961 and last saw her/him alive on April 29, 1961 Death occurred at 5:00 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert A Mager MD 22b. ADDRESS 950 Francis Place, Clayton 5, Mo 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, or other disposal Funeral 23b. DATE 5/3/1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

24. FUNERAL DIRECTOR ADDRESS Arthur J. Sommelly 3840 Lindell Blvd. 25. DATE RECD. BY LOCAL REG. 5-1-61 26. REGISTRAR'S SIGNATURE [Signature]

MEDICAL CERTIFICATION

DOCUMENT

AFFIDAVIT OF

1/10/50 10:30 AM

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 Francis Hillion

Licensed Embalmer No. 3565

P. O. Address 3840 Lu

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.