MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14707

File No.

Registered No. 4104

1. PLACE OF DEATH

County ..... Registration District No. 57 DM

Township ..... Primary Registration District No. [illegible]

City St. Louis (No. City Hospital 1091 St. ..... Ward)

2. FULL NAME Francis Bolinger

(a) Residence, No. 8013 Virginia St., Ward. /

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Francis Bolinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER

15. MAIDEN NAME Catherine Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Hospital Information (ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bath Cemetery DATE Apr 27, 1932

19. UNDERTAKER Tendler Funeral Co (ADDRESS) 7[illegible] Lindell Blvd

20. FILED APR 26 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932, to April 25, 1932

I last saw h[illegible] alive on April 25, 1932. Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1576	
9-B	
Malnutrition	
1080	

Other contributory causes of importance:

1) Lobular Pneumonia
2) Cardiac hypertrophy from congenital malformation of Aortic Valve

Name of operation? Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond Jacobs, M. D.

(Address) City Hospital

NOTE: EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Bolinger