

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8181**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
 In this community Life
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Larita Bolden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>Fem</u>	5. Color or race <u>Gal</u>	6. (a) Single, widowed, married, divorced <u>Infant</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>4</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name Dozier Bolden
 13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name Pearlena Finger
 15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Pearlena Bolden

(b) Address 2617 Randolph

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bredich

(b) Address 3517 Leclaire Ave

19. (a) OCT 1 1940 (b) J. F. Bredich
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2617 Randolph
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 1940 hour 12:40 minute 4 M.

21. I hereby certify that I attended the deceased from Sept 24 1940, to Sept 30 1940;
 that I last saw her alive on Sept 30 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Toxic Diarrhea 1 week
Bronchopneumonia 2 days

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. C. Peace (M. D. or other) _____
 Address 2601 N Whittier Date signed _____

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 me
P. M. Green, Registered Apprentice No. _____
working under my personal supervision.

Signed

P. M. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Sackleton

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 this body is not embalmed, above space should be left blank.