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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 570

FEB 25 1941

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 570

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: 2419 N.Whittier St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1711
(If outside city or town limits, write "RURAL")

(d) Street No. 2419 North Whittier St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia Bolden

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

4. Sex Female 3 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Bolden 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 20th. (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	0	26	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Steve Bragg
13. Birthplace Troy (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Susie Wright
15. Birthplace Troy M (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William Bolden
(b) Address 2419 N.Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) JAN 19 1941 (Date received local registrar) (b) J. F. Boedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th. year 1941 hour 8:15 minute p. M.

21. I hereby certify that I attended the deceased from , 19 , to January 16th, 1941 that I last saw her alive on January 16th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 year 6 mos

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

23. Signature Chas E. Kerrin (M. D. or other)
Address 4322a Easton Avenue Date signed 1/16/41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.