

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

N. B.—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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16 450
City No. 26148
369

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1406

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, Mo.
(c) Name of hospital or institution 322 W. Jefferson
(d) Length of stay: In hospital or institution 11 days
In this community 11 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Kirkwood, Mo.
(d) Street No. 332 W. Jefferson
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Elizabeth Linn Bolm
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2nd year 1941 hour Seven minute 35 A.M.

4. Sex female 5. Color or race Wh
6. (a) Name of husband or wife August (b) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25 1858

21. I hereby certify that I attended the deceased from March 1934 to July 2nd 1941; that I last saw her alive on July 1st. 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Hypostatic Pneumonia Duration 3 days
Due to Arteriosclerosis
Chronic Myocarditis 7 years.

9. Birthplace St. Louis, Mo
10. Usual occupation Housewife

Other conditions 73
Major findings: 73
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business ←
12. Name Do not know
13. Birthplace Unknown
14. Maiden name Do not know
15. Birthplace Unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Walter Bolm
(b) Address Kirkwood, Mo
17. (a) Burial (b) Date thereof 7/5/41
(c) Place: burial or cremation New St Marcus
18. (a) Signature of funeral director Wacker-Welder
(b) Address 3634 Francis Ave
19. (a) JUL 3 1941 (b) W. Meyer

While at work? _____ Means of injury _____
23. Signature E. B. Waters (M. D. or other) _____
Address Kirkwood, Mo Date signed 7-2-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address *St Louis Mo*

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.