

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32571

FILED OCT 7 1941  
Registration District No. 784

Primary Registration District No. 113

Registrar's No. 1967

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Florissant Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 96

(c) City or town Florissant Mo  
(If outside city or town limits, write "RURAL") 10

(d) Street No. Commons Lane  
(If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_ A

3. (a) PRINT FULL NAME Henry H. Bolte

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 21 day \_\_\_\_\_  
year 1941 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept 17  
\_\_\_\_\_ 1941 to Sept 20 \_\_\_\_\_ 1941;  
that I last saw him alive on Sept 20 \_\_\_\_\_ 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 18 1864  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cerebral Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 8301

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77 ----- 8 -- 3 -- \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Florissant Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Conrad Bolte

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Winsing

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Bolte

(b) Address Commons Lane Florissant Mo

17. (a) Burial (b) Date thereof Sep. 24 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Secret Heart Cem 1941

18. (a) Signature of funeral director Edward Koch Florissant Mo

(b) Address 3516 414th St. Louis Mo

19. (a) SEP 22 1941 (b) C. N. McPherson  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Adams (M. D. or other) O. M. R.  
Address Florissant Mo Date signed Sept 21

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

006

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lomaxburg

**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, fact should be so stated above.**