

1 X26390

FILED MAR 17 1942

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community Life.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town St. Louis. 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 S 14th St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Catherine Bolstein

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, WIDOW
6. (b) Name of husband or wife John Bolstein
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Sept. 8th 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housework

MOTHER FATHER { 12. Name Fred. Weber
13. Birthplace Germany
14. Maiden name Elizabeth Saake
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Bolstein

(b) Address 1812 S. 14th St.

17. (a) Burial (b) Date thereof FEB 4th/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER & PAUL

18. (a) Signature of funeral director J. H. Bolstein & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 2 (b) J. F. Bolstein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1942 hour 11 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 18, 1942
that I last saw him alive on Jan 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Current dise. Heart

Due to

Due to: Heart, infection of kidneys, encephalitis of the kidneys

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Means of injury)

23. Signature: J. F. Bolstein (M. D. or other)
Address: 4930 Gravois St. Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Laird M. Van Fossan....., Registered Apprentice No. *280*.....
working under my personal supervision.

Signed *Thor Curtis*.....

Licensed Embalmer No. *1619*.....

P. O. Address *2906 Savois*.....

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.