S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12434

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4213

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County N.R. 999 11 0

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

(d) Street No. 1213 Walnut St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Susie Mae Bolden

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Fem 3

5. Color or race Col

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Joe Bolden

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 1, (Month) (Day) 1899 (Year)

8. AGE: Years 43 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Union City / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Tobe Williams
13. Birthplace Union City / Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Washington
15. Birthplace Union City / Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Washington
(b) Address 1211 Walnut St. E. St. Louis Ill.

17. (a) Remove E. St. Louis (Burial, cremation, or removal) (b) Date thereof 5-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation E St Louis Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) MAY 1 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 5-8-42, 19, to 5-11, 1942
that I last saw her alive on 5/11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 Days

Due to

Due to 108

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

23. Signature H. H. Heathers (M. D. or other)
Address 1500 S. E. Bay Date signed 5/11/42

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed W M Green

Licensed Embalmer No. 1173

P. O. Address 1318 E Broadway

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.