

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28555

318

Registration District No. ....

Primary Registration District No. 1003

State File No. ....

Registrar's No. 7908

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hrs. (Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Frank Bolte

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased December 23, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 8 26 ----- hr. ----- min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name John Bolte

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Roscoe

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

16. (a) Informant Ann Morrison  
(b) Address St. Louis City Hospital

17. (a) Buried (b) Date thereof 9-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital, 301

19. (a) SEP 23 1942 (b) J. F. Beedeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 925  
(d) Street No. South House, 3rd and Clark Sts.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18,  
year 1942 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from September  
17, 19 42 to September 18, 19 42;  
that I last saw him alive on September 18, 19 42;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Stomach  
+ Sepsis  
Due to .....  
Due to .....  
Other conditions  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Carcinoma of Stomach  
Of operations .....  
Of autopsy The same

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?

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

23. Signature George E. Zwente M.D. 0  
Address 1515 Lafayette Avenue Date signed 9/18/42

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**