

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

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: 3919 Ferryway!
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 *In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST. LOUIS 12
(If outside city or town limits, write "RURAL") 9 11
 (d) Street No. 1108^a N. VANDERVENTER
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME MINNIE BOLDEN

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

4. Sex F 3 5. Color or race COL 6. (a) Single, widowed, married, 2 divorced Widow
 (b) Name of husband or wife JOHN BOLDOY 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FcB 17 1991
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace PADUCAH KY
(City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRESS

11. Industry or business

MOTHER FATHER { 12. Name IKE BOLDEN
 13. Birthplace PADUCAH KY
(City, town, or county) (State or foreign country)
 14. Maiden name ANNIE SIMMS
 15. Birthplace UNKNOWN ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Juba Addison
 (b) Address 3812 Cook
 17. (a) Removal (b) Date thereof 10 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Paducah Ky

18. (a) Signature of funeral director A. F. Walton
 (b) Address 2707 S. Fordway
 19. (a) OCT 21 1942 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31
 year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chronic Hypertrophic Myocarditis
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature Alfred Perry (M. D. or other) _____
 Address _____ Date signed 10/24/42

Embalmers Separate Certificate to be filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is  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.