

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED MAR 20 1948**  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
 1003

State File No. **8741**  
**2422**  
 Registrar's No.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 hrs. 30 mins.  
(Specify whether years, months or days)  
 In this community 3 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2729 Walnut  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ben Bolden  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or face Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Annie Bolden 6. (c) Age of husband or wife if alive 31 yrs years  
 7. Birth date of deceased August 8, 1899  
(Month) (Day) (Year)

**8. AGE:** Years 45 Months 44 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Artisia, Miss.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Labor

**11. Industry or business**  
 12. Name Bob Bolden  
 13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Bolden  
 (b) Address 2729 Walnut St.  
 17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 3-14-1944  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Artisia, Miss.

18. (a) Signature of funeral director Atkins, Bro. Und. Co.  
 (b) Address 3644 Finney Ave.  
 19. (a) MAR 19 1948 (Date recd. at local registrar) J. F. Brudack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 8,  
 year 1944 hour 8 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from March 7, 1944, to March 8, 1944  
 that I last saw him alive on March 8, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Right Lobar Pneumonia Duration 2 wks.

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

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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 ilva moore (M. D. or other) \_\_\_\_\_  
 Address 2601 Whittier Date signed 3/10/44

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

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

working under my personal supervision.

Signed *Clark Young* .....

Licensed Embalmer No. *23718* .....

P. O. Address *St Louis* .....

**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.**