

FILED MAR 6 1947

Registration District No. 217

Primary Registration District No. 3869

Registrar's No. 277

1. PLACE OF DEATH:  
 (a) County St. Louis,  
 (b) City or town Richmond Hts., Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hospital.  
 (If not in hospital or institution, write street number or 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, (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 5519 Bartmer Avenue, (If rural, give location) 9  
 (e) Citizen of foreign country? no. (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIRGINIA BOLIN.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 20th,  
 year 1947.. hour 6:30 minute \_\_\_\_\_ P. M. \_\_\_\_\_

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

21. I hereby certify that I attended the deceased from Jan 9 1947 to Feb 20 1947  
 that I last saw her alive on Feb 20 1947  
 and that death occurred on the date and hour stated above.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.

Immediate cause of death Portal Cirrhosis 1 1/2 yrs

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 11, 1902.  
 (Month) (Day) (Year)

Due to 1 1/2 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1.</u>	<u>9.</u>	hr. _____ min. _____

Due to \_\_\_\_\_

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

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

10. Usual occupation At Home.

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles D. Bolin.

13. Birthplace Princeton, Indiana.  
 (City, town, or county) (State or foreign country)

14. Maiden name Minnie T. Richmond.

15. Birthplace Tunica County, Mississippi.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Charles D. Bolin.

(b) Address 5519 Bartmer Ave.,

17. (a) Entombment. (Burial, cremation, or removal) (b) Date thereof 2/22/47.  
 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Maudoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.,

19. (a) 2-22-47 (Date received local registrar) (b) Ruth J. Allen, R.D. (Registrar's signature) ac

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 Ralph Russell (M. D. or other) 2/21/47  
 Address 3720 Washington Date signed \_\_\_\_\_

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Ralph A. Farnsworth

3720 Washington

STE 5100

2:30 to 5 PM

JUN 19 1956

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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.