S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 13 1947
#9696

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18629

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5339

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

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-Max C. Starkloff
(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 MO (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 FRANKLIN AVE 9
(If rural, give location)

Memorial 25

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE BOLZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. 498-01-2940

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife SYLVIA

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

7. Birth date of deceased MAR. (Month) 4 (Day) 1889 (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation PRINTER

11. Industry or business 15th + WASHINGTON

FATHER
12. Name OTTO BOLZ
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARETE QUALING
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant RUDOLPH BOLZ
(b) Address 1006 DIVERSEY DR.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 29 47 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGSHIGHWAY

19. (a) MAY 29 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1947 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from 5/14/47
2, 19, to May 28th, 1947
that I last saw him alive on May 28th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: Cirrhosis of the liver	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: As above
Of autopsy

PHYSICIAN
Underline the cause of 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 Joe H. Hardin (M. D. or other) M. D.
Address 1515 Lafayette Date signed 5/29/47

Jefferson City Printing Co. (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 Richard W. Stavesand

Licensed Embalmer No. 4007

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.