

318

1003

State File No. ....

Registrar's No. .... 72

Registration District No. ....

Primary Registration District No. ....

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: Alexian Brothers  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHESTER BOLTON

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Bolton

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 22 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 10 10 hr. min.

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

10. Usual occupation WELDER

11. Industry or business OWN BUSINESS

12. Name CHESTERFIELD BOLTON

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

14. Maiden name SMITH

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

16. (a) Informant Rose Bolton

(b) Address Oakville, Mo.

17. (a) burial (b) Date thereof 1-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) JAN 5 1948 (b) J. F. Broderick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Oakville  
(If outside city or town limits, write "RURAL")

(d) Street No. Telegraph Road  
N.R. (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1948 hour 30 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 5 to 2 Jan 1948 that I last saw him alive on 1 Jan 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Failure Duration 1 wk

Due to Coronary left branches 1 yr

Due to Generalized atherosclerosis of

Other conditions liver, kidneys, pancreas

Major findings: Of operations.....

Of autopsy Coronary left branches  
metastases in the body

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?..... (Specify type of place) (M. D. or other)

23. Signature Charles A. Kester (M. D. or other)

Address 5605 S. Compton Date signed 2 Jan 48

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

MOTHER FATHER

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 Kenn M. Sizemore  
Licensed Embalmer No. 4343  
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.