

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36189**
9460
Registrar's No.

NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) 3yrs		d. STREET ADDRESS (If rural, give location) 6300 Enright	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Davis c. (Last) Boldt			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1952		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 21, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Paschal Hickman Mayhall	13b. MOTHER'S MAIDEN NAME Mary Anne Hieronymus	14. NAME OF HUSBAND OR WIFE John Henry Boldt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W. F. Boldt	ADDRESS 7216 Shaftsbury U. City, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) De generative heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from **Dec 1, 1949**, to **Oct 12, 1952**, that I last saw the deceased alive on **Oct 11, 1952**, and that death occurred at **4:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. A. Weinbaum, M.D. (Degree or title)	23b. ADDRESS 3701 Grandel Sq	23c. DATE SIGNED 10-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery	24d. LOCATION (City, town, or county) (State) Louisville, Ky.
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DATE REC'D BY LOCAL REG. OCT 14 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	ADDRESS 6175 Delmar
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address Leas, 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.