

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11264**

State File No. \_\_\_\_\_

**FILED MAR 18 1953**

**318**

**1003**

**2045**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2259</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>23 Laclede Hotel 518 Chestnut St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ELISHA</b> b. (Middle) _____ c. (Last) <b>BOLDS</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEBRUARY 21, 1953</b>		
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<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>May 1 1875</b>	<b>9. AGE</b> (In years last birthday) <b>74</b>	<b>10. UNDER 1 YEAR</b> Month _____ Day _____	<b>11. UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Union City Ky</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>William Bolds</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Bachman</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>France</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Anna Bolds</b>	<b>ADDRESS</b> <b>1212 3577 N. Park</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Obstructive jaundice due to cholelithiasis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>584X</b>

**22. I hereby certify that I attended the deceased from 2-20-53, 19, to 21 Feb. 53, 19, that I last saw the deceased alive on 2-21-53, 19, and that death occurred at 9:45A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Dorrian Bailey</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>2-23-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____	<b>24b. DATE</b> <b>Feb 24 - 53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Paternal</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson B. Smith 130</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 24 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. C. Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. Hoffmeister</b>	<b>ADDRESS</b> <b>Ind 40 7814 S Broadway</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 St. Andrews

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.