

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20224

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5020

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION residence-5519 Bartmer Avenue		e. STREET ADDRESS (If rural, give location) 5519 Bartmer Avenue		2059	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) DARIUS		c. (Last) BOLIN	
4. DATE OF DEATH (Month) (Day) (Year) 6 6 54		5. SEX MALE		6. COLOR (OR RACE) WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 29, 1866		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Amer. Thermometer Mfg.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benj. T. Bolin		13b. MOTHER'S MAIDEN NAME Alta Baker	
14. NAME OF HUSBAND OR WIFE Minnier Bolin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-24-6386	
17. INFORMANT'S SIGNATURE OR NAME Henry Rand		ADDRESS 800 Barnes Rd Ladue, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brachio-queeniana		INTERVAL BETWEEN ONSET AND DEATH 21 days		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
3. OTHER SIGNIFICANT CONDITIONS Parkinson's Disease		10 years		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 491X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 1, 1954, to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.	
23a. SIGNATURE William B. Ray		23b. ADDRESS (Degree or title) W.D. 3720 Washburn		23c. DATE SIGNED 6-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) entombment		24b. DATE June 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
24d. LOCATION (City, town, or county) (State) St. Charles Rock Rd Mo.		DATE REC'D BY LOCAL REG. JUN 7 1954		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd		(Licensed Embalmer's Statement on Reverse Side)	

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

110

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.....
Signature of Student Embalmer

Signed. *Arnold W. Schoene*

Licensed Embalmer No. *3867*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.