Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015552

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4705

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital # 1 — Length of stay in 1b 2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St.Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3926 Alexander — Reside on Farm Yes ☐ No ☐

25 16 1

3. NAME OF DECEASED (Type or print) First Theodore Middle 0 Last Bolgard

4. DATE OF DEATH Month 4 Day 29 Year 58

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Sept.8,1874

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired motorman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Illinois 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Bolgard

13b. MOTHER'S MAIDEN NAME Mary Anthes

14. NAME OF HUSBAND OR WIFE Edna Bolgard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-07-2829

17. INFORMANT Alice Federspiel Address 3926 Alexander

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Shock - Myocardial infarction?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery disease

DUE TO (c) Pernicious Anemia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/25/58, to 4/29/58 and last saw her/him alive on 4/29/58
Death occurred at 9:47 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. C. Arse MD 0

22b. ADDRESS 1515 Lafayette

22c. DATE SIGNED 4/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 5-2-58

23c. NAME OF CEMETERY OR CREMATORY St.Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis,Mo.

24. FUNERAL DIRECTOR Thomas Kutis — ADDRESS 2906 Gravois Ave.

25. DATE RECD. BY LOCAL REG. MAY 1 '58

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ..... Signed Homer C. Hill

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Bravo

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.