

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033595

FILED OCT 13 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2, 9019**

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>Catawissa RR#1</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cardinal Glennon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Maneue Township</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>ANTONETTE</i> Middle <i>BOLTE</i> Last <i>BOLTE</i>			4. DATE OF DEATH Month <i>9</i> Day <i>29</i> Year <i>1959</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/28/59</i>	9. AGE (last birthday) Months _____ Days _____ Hours _____ Min. _____	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>WASHINGTON MO</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	

13a. FATHER'S NAME <i>LEONARD BOLTE</i>		13b. MOTHER'S MAIDEN NAME <i>MARY SCHMITT</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO</i>		17. INFORMANT <i>Leonard Bolte Catawissa Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>pulmonary atelectasis of newborn</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>762.0</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *9-29-59* to *9-29-59* and last saw ^{her} _{him} alive on *9-29-59*
Death occurred at *6:45* *P.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Davis</i> (Degree or title)		22b. ADDRESS <i>35th W. Center</i>		22c. DATE SIGNED <i>9-30-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>10/1/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St PHILOMENAS CEM</i>	23d. LOCATION (City, town, or county) (State) <i>BYRNESVILLE MO</i>		

24. FUNERAL DIRECTOR <i>Brimmer Funeral Home</i> ADDRESS <i>House Springs Mo</i>	25. DATE RECD. BY LOCAL REG. OCT 1 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith. M.D.</i> <i>m9B</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 1470

P. O. Address Howe Springs

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.