

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045237
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11396**

DO NOT WRITE ON THIS STUB

AMENDED

NOV 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1945a Wyoming	
3. NAME OF DECEASED (Type or print) First Middle Last ADOLPH F. BOLPING		4. DATE OF DEATH Month Day Year Nov 16 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/87	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Book Binder		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Adolph Bolping		13b. MOTHER'S MAIDEN NAME Mary Geiser	
14. NAME OF HUSBAND OR WIFE Louise Bolping		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Louise Bolping 1945a Wyoming		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Astoria Ca DUE TO (b) Stroke DUE TO (c) 151X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year		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 Sept 1-63 to Nov 16-63 and last saw her alive on Nov 16-63 Death occurred at 9:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H. S. Payne M.D.		22b. ADDRESS 27529 Cherokee	
22c. DATE SIGNED 11/19/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Nov. 19, 1963	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Abbey		23d. LOCATION (City, town, or county) St. Louis		STATE Mo.	
24. FUNERAL DIRECTOR Thomas Lutes		ADDRESS 2906 Francis		25. DATE RECD. BY LOCAL REG. NOV 18 1963	
26. REGISTRAR'S SIGNATURE Earl Smith M.D.					

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 **22**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
9
10
11
12 **500**
13
50

DOCUMENT
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Prairie

*W. Payne
2752 Cherokee
Dr 2-0244*

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.