

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41852

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11382**

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) ST. LOUIS MO		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp.		e. STREET ADDRESS (If rural, give location) 16 3449 UTAH	
3. NAME OF DECEASED (Type or Print) a. (First) JAKE b. (Middle) - c. (Last) BOULTES		4. DATE OF DEATH (Month) (Day) (Year) DEC. 24 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH AUG. 6 1884
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK REORDER OF DEEDS	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSEPH BOULTES		13b. MOTHER'S MAIDEN NAME MARY SNEHLA	14. NAME OF HUSBAND OR WIFE CATHERINE BOULTES (DEC'D)
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. 490-20-6425	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD BOULTES 6151 ADKINS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Heart disease with coronary infarct Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 June 23 1950 , to Dec 24 1955 , that I last saw the deceased alive on Dec 22 1955 , and that death occurred at 3:00 m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas W. Kuter		23b. ADDRESS 3207 50th St St Louis, Mo	23c. DATE SIGNED 12-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC 27 1955	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuter 2906 Beards	
DATE REC'D BY LOCAL REG. DEC 27 1955		REGISTRAR'S SIGNATURE Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)