

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7218

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *1123*
 Township *Carondelet* Primary Registration District No. *6248 E*
 City *St. Louis* (No. *1123*) *St. Ann Hospital* Registered No. *68759*
 (If nonresident, give city or town and State) St. _____ Ward _____

2. FULL NAME *Laura Bosek*
 (a) Residence, No. *7277 Nottingham* Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *fm* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Separated*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-23-1906*

7. AGE YEARS *26* MONTHS *3* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

MOTHER 13. NAME *Anton Frederick*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

FATHER 15. MAIDEN NAME *Mary Behrendt*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Hospital Records*
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter Paul* (DATE) *Feb 27* 19*33*

19. UNDERTAKER *J. H. Kublin L. M. Co*
 (ADDRESS) *2842 Myra Ave St.*

20. FILED *2/24* 19*33* *L. C. Abbott M. V*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-23* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *10-31-32*, 19____, to *2-23*, 19*33*
 I last saw her alive on *2-23*, 19*33* Death is said to have occurred on the date stated above, at *6:10* a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Neomorphosis Date of onset _____
Pulmonary Tuberculosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify *Charles Ehlers*
 (Signed) *Goibo Broadway*, M. D.
 (Address) _____

