

JUN 12 1937

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

Do not use this space.

18086

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City St Louis (No. 3823a So. Broadway) St. Ward)

File No.
Registered No. 4662

2. FULL NAME Dorthy Mary Bostwick

(a) Residence, No. 3823a So. Broadway St. 24 Ward. (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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 -- 1

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

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) St Louis, Mo. (STATE OR COUNTRY)

13. NAME Arthur Bostwick

14. BIRTHPLACE (CITY OR TOWN) Chester Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Theotiste Piggott

16. BIRTHPLACE (CITY OR TOWN) Elsa Ill. (STATE OR COUNTRY)

17. INFORMANT Arthur Bostwick (ADDRESS) 3823a So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE May 7, 1937

19. UNDERTAKER J. H. Gebken & Co. (ADDRESS) 2842 Erie St.

20. FATHER W. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to May 4th, 1937

I last saw her alive on May 4th, 1937. Death is said to have occurred on the date stated above, at 3:05 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset 5/1/37

Other contributory causes of importance: Diabetes Mellitus 1930

Name of operation Date of
What test confirmed diagnosis? Urinalysis 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? Yes
If so, specify

(Signed) W. B. K. Kupper, M. D.
(Address) 3801 S. Broadway

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.

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