

20673

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5517**

Registration District No. **791**
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3732 Cook Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community nine years
years, months or days. (Specify whether)

8. (a) PRINT FULL NAME Young Bozeman
(b) If veteran, name war none
(c) Social Security No. none

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 4 12 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 2
If less than one day hr. min.

9. Birthplace Birmingham Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
MOTHER FATHER { 12. Name William Bozeman
13. Birthplace Birmingham Ala
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lane
15. Birthplace Birmingham Ala
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Bozeman
(b) Address 3732 Cook Ave

17. (a) Burial (b) Date thereof 6/12/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Fenner Ave.

19. (a) JUN 21 1939 (b) J. B. Braddock
(Date certified by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town III
(If outside city or town limits, write "RURAL")
(d) Street No. 2732 Cook Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1939 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 29, 1939 to June 14, 1939
that I last saw her alive on June 12, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Tubercula Ruptura 6th
Due to Pulman Tube 12th

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature James Stafford (Specify type of place) (e) near of injury
Address 4202 Fenner Ave. (M. D. or other) Date signed 6/15

WHILE FATHER USE CONTINUING DEPENDENT...
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.

1 X1981

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.....

..... William C. McDowell Registered Apprentice No.....
working under my personal supervision.

Signed.....

William C. McDowell
.....
Licensed Embalmer No..... 2114.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.