

Registration District No. 791

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH: 1003

(a) County _____ 2-

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5475 Cabanne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5475 Cabanne
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Andrew Linn Bostwick 232

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Overman Bostwick

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 8 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1939 hour 7:40 minutes P. M.

21. I hereby certify that I attended the deceased Nov. 17 1939
6:40 P.M., 1939, to Sept. 17 7:10 P.M. 1939
that I last saw him alive on Nov. 17, 1939,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to Indeterminate

Due to _____

9. Birthplace Montclair New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Librarian

Other conditions None
(Include pregnancy within 5 months of death)

Major findings: OK

Of autopsy None

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur F. Bostwick

13. Birthplace Litchfield Conn
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Sawyer

15. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

16. (a) Informant's own signature Mrs. Ruth Bostwick

(b) Address 5475 Cabanne

17. (a) removal (b) Date thereof 11/19/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd

19. (a) NOV 18 1939 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

23. Signature Paul Kingsley Webb (M. D. or other) _____

Address Chemical Bldg Date signed 11-17-39

50M-5-17-39
Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

W. V. N. Helt
Cham. Body,
C.H. 6938

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.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St. Louis, Mo.

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.