

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10449**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
1154 No Leonard Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 37 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Boswick

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race Col

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

6. (b) Name of husband or wife Will Bostwick

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 86 hr. min.

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

10. Usual occupation Housework

11. Industry or business 7

12. Name John Caplin

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

14. Maiden name Marie Logan

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

16. (a) Informant Mrs F. Bostwick

(b) Address 1154 no Leonard Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec 21 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J W Taugher

(b) Address 2620 Leaton

19. (a) DEC 20 1940
(Date of local registration)

(b) J. H. Brebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 1154 no Leonard ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1940 hour..... minute..... A. M.

21. I hereby certify that I attended the deceased from 12-12-1940 to 12-17-1940 that I last saw her alive on 12-17-1940 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Cerebral hemorrhage, solely

Due to arteriosclerosis

Other conditions.....

Major findings:
Of operations no

Of autopsy no

Duration

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) no

(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?.....
(Specify type of place)

23. Signature J. H. Brebeck (M. D. or other)
Address 522 E. W. Jefferson Date signed 12/19/40

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

Cliff Young

Licensed Embalmer No.

33710

P. O. Address

St. Louis

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, fact should be so stated above.