

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3373

State File No. ....

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 177

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town (near) Farmington, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 1 month and 1 day  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6237 Cabanne  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ester Bostwick

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. August 30 1897  
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 16 If less than one day..... hr..... min.

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

10. Usual occupation Librarian

11. Industry or business.....

12. Name Arthur Bostwick

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

14. Maiden name Unknown

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

16. (a) Informant Records of State Hosp. No. 4

(b) Address Farmington, Missouri

17. (a) cremation (b) Date thereof 12-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Public Home Crematory

18. (a) Signature of funeral director J. J. Lupton

(b) Address St. Louis Mo.

19. (a) 12-30-41 (b) J. Robinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th  
year 1941 hour 3:15 minute..... P.A.M.

21. I hereby certify that I attended the deceased from November 15th 1941 to December 16th 1941, that I last saw her alive on December 16th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhages  
Duration last 12-16-41

Due to Arteriosclerosis, generalized + marked ?

Due to..... 9M

Other conditions Dementia Praecox 32 yrs  
(Include pregnancy within 3 months of death)

Major findings: Halophrenin predominating  
Of operations No operations

Of autopsy No autopsy

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature C. C. Rault (M.D. or other) G. M. D.  
Address Farmington, Missouri Date signed 12/18/41

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

94  
0  
0

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 142-27

Date Filed 1-9-42

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**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 Clarence H. Murray

Licensed Embalmer No. 4014

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, fact should be so stated above.