

FILED MAY 19 1943 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 4402

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:  
**2024 South 11 Str**  
(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:

(a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **2024 S. 11 Str.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Joseph Bosek**

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

4. Sex..... **Male** 5. Color or race..... **Wht**

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

6. (b) Name of husband or wife..... **Anna Bosek** 6. (c) Age of husband or wife if alive..... **60** years

7. Birth date of deceased..... **March 27 1875**  
(Month) (Day) (Year)

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

**68 1 13** hr. min.

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

10. Usual occupation..... **Coal Dealer**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Michael Bosek**

{ 13. Birthplace..... **Czechoslovakia**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... **Anna Hrach**

{ 15. Birthplace..... **Czechoslovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Bosek**

(b) Address..... **2024 S. 11 Str.**

17. (a) **Cremation** (b) Date thereof..... **5/12/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Missouri crematory**

18. (a) Signature of funeral director..... **Wm B. Moydell**

(b) Address..... **1926 Allen Ave.**

19. (a) **MAY 11 1943** (b) **J. F. Budecek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **10**  
 year..... **1943** hour..... **2** minute..... **30** A. M.

21. I hereby certify that I attended the deceased from **4/20/43**  
 to **5/10** 19**43**  
 that I last saw him..... alive on **5/9** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary (Diabetic)**  
 Duration..... **5 days**

Due to..... **Diabetes**  
 and **Chronic Myocardial**  
 Due to..... **3 yrs**

Other conditions..... **none**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 Of operations..... **VI**

Of autopsy.....

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?

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

23. Signature..... **Wm B. Moydell** (M. D. or other) **MD**  
 Address..... **5844 Calhoun** Date signed..... **5/10/43**

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

**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 ME

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

Signed John B. Monnell

Licensed Embalmer No. 1467

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, fact should be so stated above.**