No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10658

State File No.

Registration District No. FILED MAR 24 1948

Primary Registration District No. 1003

Registrar's No. 2459

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~2-11-14 days~~ 2 yrs-11 mo-14 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. LOuis, 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NORA CHILDS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 5 (Day) 1879 (Year)

8. AGE: Years 67 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Gus Bosold 5
13. Birthplace France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Meyer
15. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records.
(b) Address 5800 Arsenal St.,

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Bensiek-Niehaus
(b) Address 1431 Union Bl

19. (a) MAR 10 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 6, day year 1947 hour 7:22 A.M. minute M.

21. I hereby certify that I attended the deceased from July 2, 1946 to March 6, 1947 that I last saw her alive on March 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Pulmonary Edoema- 24 Hr.
(2) Upper respiratory virus infection- 4 da
(3) Myocardial Failure associated with
Due to # 2 (4) Cerebro-vascular incident 1943 Plus

Due to

Other conditions 83a
(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Palmer Romaine Bowdish (M. D. or ~~other~~)

Address 5800 Arsenal Date signed 3/6/47

(Licensed Embalmer's Statement on Reverse Side)

2459

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 Frank Mehaus

Licensed Embalmer No. 2915

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.