No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32342

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8370

WRITE PLAINLY—USING 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: 4120 Newstead
(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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4120 Newstead No. 9
(If rural, give location)

10

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Bosworth

3. (b) If veteran, name war -

3. (c) Social Security No. none

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Bosworth

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

7. Birth date of deceased August (Month) 10, (Day) 1853 (Year)

8. AGE: Years 94 Months 0 Days ~~10~~ 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Felix Walsh
13. Birthplace ---- (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ---- (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Bosworth
(b) Address St. Louis, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director Pete Gaerdner
(b) Address Belleville, Ill.

19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 4th, 1947 to Aug. 29th, 1947; that I last saw her alive on Aug. 28th, 47; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 yrs
Due to Hypertension	7 yrs
Due to Arterio-Sclerosis	12 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Edwin J. Froehlich (M. D. or other) M.D.

Address 3635 No. Newstead Date signed 8/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0288

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.

Body not embalmed.

Signed.....

Licensed Embalmer No.....

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.