

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33946

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9109**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 23 das
(Specify whether
In this community
years, months or days)

3: (a) PRINT FULL NAME William Franklin Bozeman
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex male 2 5. Color or race negro
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased. 11 - 14 - 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 11 4 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Jesse Bozeman
13. Birthplace Wilmar, Ark.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Gertrude, Rogers
(City, town, or county) (State or foreign country)
15. Birthplace Forrest City, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Rutlin
(b) Address 3142a Cass Ave

17. (a) burial (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. Wade Grenberry
(b) Address 4202 Finney Ave

19. (a) OCT 20 1948 (b) J B Lasater
(Date received local registrar) (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. 3142 Cass
17 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1948 hour 10 minute 45 a. m.

21. I hereby certify that I attended the deceased from
May 25, 19 48 to Oct. 18, 19 48
that I last saw him alive on Oct. 18, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis Duration Undet.

Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Yes lung not involved
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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Allen C. Nash (M. D. or other).....
Address 2601 N. Whittier Date signed 10/19/48

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 Melvin E. Green

Licensed Embalmer No. 4428

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.