

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5786

State File No.

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 5987 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union	
c. LENGTH OF STAY (in this place) 2 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Edith	b. (Middle) M.	c. (Last) Bosz	(Month) 2	(Day) 26	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/2/1885	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Zuber	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Charles Bosz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Bosz, Dixon, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver et metastasis stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Rt. side from Cerebral Apoplexy.-6 yrs			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dixon Pulaski Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1949, to 2/26, 1949, that I last saw the deceased alive on 2/26, 1949, and that death occurred at 11:05 P., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. M. McEligau	(Degree or title) D.O.	23b. ADDRESS Dixon, Missouri	23c. DATE SIGNED 3/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/1/1949	24c. NAME OF CEMETERY OR CREMATORY St. Markus	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. March 8, 1949	REGISTRAR'S SIGNATURE Shelma C. Dworkin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

85-9

MAR 14 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harold Gilbert Schindler*

Licensed Embalmer No. *4506*

P. O. Address *Bixton, Missouri*

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.