

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32620

46

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3126

1. PLACE OF DEATH a. COUNTY St. Louis County (20), Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) Floradel Hills,		c. CITY (If outside corporate limits, write RURAL and give township) Alexadel Hills	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7040 Greenhaven.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7040 Greenhaven.			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) BOSSART c. (Last) WILLMAN.	4. DATE OF DEATH (Month) (Day) (Year) Sep't 17, 1949.
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.	8. DATE OF BIRTH Oct 27, 1882.	9. AGE (In years last birthday) 66.	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper.	10b. KIND OF BUSINESS OR INDUSTRY *	11. BIRTHPLACE (State or foreign country) Pittsburgh, Pennsylvania.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Bossart.	13b. MOTHER'S MAIDEN NAME Barbara Bertschinger.	14. NAME OF HUSBAND OR WIFE Louie Willman.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE.	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe R. Moore.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 x
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular, Renal		
	DUE TO (c) Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 15, 1949**, to **Sept 17, 1949**, that I last saw the deceased alive on **Sept 17, 1949**, and that death occurred at **5:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Compton	23b. ADDRESS M.D.U 6122 Page Blvd	23c. DATE SIGNED 9-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Motor	24b. DATE 9/19/49.	24c. NAME OF CEMETERY OR CREMATORY Mount Rose Cemetery.	24d. LOCATION (City, town, or county) (State) Greenville, Illinois.
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DATE REC'D BY LOCAL REG. 9-26-49	REGISTRAR'S SIGNATURE Edw. C. Lupton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

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.