V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16431

State File No.

FILED APR 29 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1028

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 4870
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 131 Weiss

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): J.
c. (Last): Bostel

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 27, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 2, Days 11; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewery Worker
10b. KIND OF BUSINESS OR INDUSTRY: Griesedieck Brwy.
11. BIRTHPLACE (City and State or Foreign Country): Stuttgart, Germany
12. CITIZEN OF WHAT COUNTRY?: (Nat. citizen U.S.A.)

13a. FATHER'S NAME: Carl Bostel
13b. MOTHER'S MAIDEN NAME: Pauline Kull
14. NAME OF HUSBAND OR WIFE: Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-05-7470
17. INFORMANT'S SIGNATURE OR NAME: Adolph Rebhorn
ADDRESS: 3022 Minnesota St. L, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovas. – Haemes – Inc. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Or
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR

R. A. MEZERA, M. D.
589 NO. GRAND
ST. LOUIS 8, MO.

22. *I hereby certify that I attended the deceased from* June, 1951, *to* 4/7/53, 19__, *that I last saw the deceased alive on* 4/7/53, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R A Mezera M.D. (Degree or title)
23b. ADDRESS
23c. DATE SIGNED: 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4/10/53
24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 4-9-53
REGISTRAR'S SIGNATURE: Herbert R. Domb M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hoffmeister Undertaking & Livery Co. 7814 South Broadway St. Louis 11, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

4002
3

~~St. Louis County Coroner~~
Ascertain whether
Dr. R. Mezera
539 N. Beaumont
JE 9284 - After 38 m
Mr Lewis - Wed

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.....
Signature of Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.