

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19204**
4809
Registrar's No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		d. STREET ADDRESS (If rural, give location) 119 S. Hanley Road #452	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fell dead on Cozens Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Dinesh b. (Middle) Chandra c. (Last) Bose		4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953	
5. SEX Male	6. COLOR OR RACE Hindu	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2, 1901
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR 3 Days	IF UNDER 24 HRS. 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Lecturer		10b. KIND OF BUSINESS OR INDUSTRY Cosmetics	
11. BIRTHPLACE (City and State or Foreign Country) Calcutta, India		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Chandra Bose		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Etta Lee Bose	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etta Lee Bose, 119 S. Hanley Rd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
		ANTECEDENT CAUSES			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Coronary Thrombosis</p> <p>DUE TO (c) _____</p>			
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 <input checked="" type="checkbox"/> NO <input 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)	
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? 4201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:08 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 31300 Clarke Avenue		23c. DATE SIGNED 5.12.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/14/53		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Avenue	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 12 1953 J. Earl Smith MD		H-T. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY - USING INK - UNFADING BLACK INK

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 Thomas J. Gallo

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.