

FILED APR 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 9381

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2957

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Madison	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 2232 Madison avenue 81208	
3. NAME OF DECEASED (Type or Print) a. (First) Joanelle b. (Middle) Helen c. (Last) Bosotin			4. DATE OF DEATH (Month) (Day) (Year) March 30., 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6-16-1936
9. AGE (In years, less birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) Granite City, Ill.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Bosotin		13b. MOTHER'S MAIDEN NAME Rose Zgombich	14. NAME OF HUSBAND OR WIFE none
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 John Bosotin, Madison, Ill.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma			5 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver (Laennec's) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices			
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"/> HOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5811			
22. I hereby certify that I attended the deceased from March 26 19 55 to March 30 19 55, that I last saw the deceased alive on March 30, 19 55, and that death occurred at 12:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE E. P. Vermillion, M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3/30/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-55	
24c. NAME OF CEMETERY OR CREMATORY SALVARY Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 1 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis Lahey, Madison, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Ben C Hoffman*

Licensed Embalmer No. *430*

P. O. Address *St Louis*

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.