

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30617**
7545
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 Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital			STREET ADDRESS (If rural, give location) 26 1825 Madison St.		
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) _____	c. (Last) Bova	4. DATE OF DEATH (Month) (Day) (Year) 8/26/1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/1/1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 1 Days 22
IF UNDER 24 HRS. Hours 22 Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Edible Nuts Ind.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Bova		13b. MOTHER'S MAIDEN NAME Marie Bova	14. NAME OF HUSBAND OR WIFE Jennie Bova 1825 Madison St. St. Louis Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. 191-10-6179	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Bova 1825 Madison St. St. Louis 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA Acute		INTERVAL BETWEEN ONSET AND DEATH 24 HRS.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension Cardio Vascular Disease DUE TO (c) Cerebral Accident - Rt Hemisphere			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D NEPHROCLEROSIS		3 yrs. 5 mos. 5 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 4/4/55 , 19____, to 8/26 , 19 55 , that I last saw the deceased alive on 8/26/55 , 19____, and that death occurred at 5:10 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Ciopercal MD			23b. ADDRESS 1901 Madison St.		23c. DATE SIGNED 8/27/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. AUG 29 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomnelly 3840 Lindell Blvd St. Louis Mo.	

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 46

P. O. Address 384 [unclear]

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.