

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35409

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2292

I. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON

c. LENGTH OF STAY (In this place) 12 HRS

d. FULL NAME OF HOSPITAL OR INSTITUTION Hilltop REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MO

b. COUNTY ST LOUIS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND (14) RURAL

d. STREET ADDRESS (If rural, give location) 8010 ALLEN

3. NAME OF DECEASED (First) (Middle) (Last)

(Type or Print) PAULINE ANNA BOZLER

4. DATE OF DEATH (Month) (Day) (Year) 10 - 4 - 55

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MAY 6 1883

9. AGE (In years) (Month) (Day) (Hour) (Min.) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and State or Foreign Country) HOBSTEIN MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. WULFE KRAMER

13b. MOTHER'S MAIDEN NAME MINNIE SPONNERBERG

14. NAME OF HUSBAND OR WIFE GOTTLIEB BOZLER

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 GOTTLIEB BOZLER

ADDRESS 8010 ALLEN

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary

ANTECEDENT CAUSES (b) Parkinson's

II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 yr

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 350x

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-29, 1955, to 10-2, 1955, that I last saw the deceased alive on 10-3, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Domb

23b. ADDRESS MD 624 N. Brentwood Blvd

23c. DATE SIGNED 10-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 10-6-55

24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY

24d. LOCATION (City, town, or county) (State) OVERLAND (14) MO.

DATE REC'D BY LOCAL REG. 10-4-55

REGISTRAR'S SIGNATURE Herbert R. Domb MD

25. FUNERAL DIRECTOR'S SIGNATURE Earl Hillman

ADDRESS 9709 Lutescent

MISSOURI DEPARTMENT OF HEALTH - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 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 _____

Emil L. Hellemans

Licensed Embalmer No. _____

3501

P. O. Address _____

Oral and 1400

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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