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

ED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10458

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2041

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location) 1444 Madison Str. 26 2261 0

3. NAME OF DECEASED (Type or Print)
a. (First) EUGENE
b. (Middle)
c. (Last) BOSANKO

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 24, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 1. 1880
9. AGE (In years last birthday) 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crossing Watchman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Lebanon Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Alfred Bosanko
13b. MOTHER'S MAIDEN NAME Margaret Hood
14. NAME OF HUSBAND OR WIFE Marie L Bosanko

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.
17. INFORMANT'S SIGNATURE OR NAME Eugene Bosanko Jr. son, **ADDRESS** 1444 Madison Str.

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) Adenocarcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition and Dehydration — 4 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrophic Gastritis — Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153 x
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) m.
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* 2-20, 19 56, *to* 2-24, 19 56, *that I last saw the deceased alive on* 2-24, 19 56, *and that death occurred at* 11:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Clisham (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette
23c. DATE SIGNED 2-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb 28 1956
24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery
24d. LOCATION (City, town, or county) Belleville Ill (State)

DATE REC'D BY LOCAL REG. FEB 27 1956
REGISTRAR'S SIGNATURE Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Henry Leidner Und Co **ADDRESS** 2223 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R H Remelius

Licensed Embalmer No. 42.8

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.