

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24849

State File No.

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5984

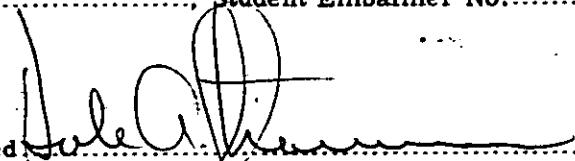
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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5984 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4941a Oleatha Ave. | | | | e. STREET ADDRESS (If rural, give location) 14 4941a Oleatha Ave. 21490 | | | |
| 3. NAME OF DECEASED (Type or Print) GERTRUDE | | a. (First) _____ b. (Middle) M. c. (Last) BOSSUNG | | 4. DATE OF DEATH (Month) (Day) (Year) June 22 1956 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 29, 1903 | |
| 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Michael Krause | | 13b. MOTHER'S MAIDEN NAME Mary Zebura | | 14. NAME OF HUSBAND OR WIFE Frank L. Bossung | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank L. Bossung 4941a Oleatha Ave. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Breast Adenocarcinoma of Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Gen. carcinomatosis Conditions contributing to the death but not related to the disease or condition causing death. Gen. carcinomatosis Interval between ONSET AND DEATH 1 yr | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| 19a. DATE OF OPERATION April 6, 1956 | | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinomatosis rt breast with Regional metastasis | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 6-56 | | | |
| 22. I hereby certify that I attended the deceased from April 6, 1956, to June 22, 1956, that I last saw the deceased live on June 22, 1956, and that death occurred at 10:00 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Louis F. Stephens (Degree or title) M.D. M.D. | | | | 23b. ADDRESS 634 N. Grand Ave | | 23c. DATE SIGNED 6-26-56 | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 26, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JUN 25 1956 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | |

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 
Licensed Embalmer No. 453
P. O. Address

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.