No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2569

BIRTH NO. FILED FEB 4 1957 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 263

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 8 days.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 24 St. Louis Childrens Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY

c. CITY OR TOWN St. Louis.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location) 5621 Wabada

3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Norman c. (Last) Bosslet.

4. DATE OF DEATH (Month) (Day) (Year) 1 - 8 - 57

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.
8. DATE OF BIRTH 10-7-51
9. AGE (In years last birthday) 5 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) none
10b. KIND OF BUSINESS OR INDUSTRY none.
11. BIRTHPLACE (City and State or Foreign Country) 10-7-51 St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Bosslet.
13b. MOTHER'S MAIDEN NAME Ida Mary Spalding.
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. Livingston 500 S. Kingshighway

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) Acute LEUKEMIA

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
Conditions contributing to the death but not related to the disease or condition causing death. 204.3

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 1-1-, 1957, *to* 1-8, 1957, *that I last saw the deceased alive on* 1-8, 1957, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Barbara Jones, M.D.
23b. ADDRESS 500 S. Kingshighway St. Louis 10, Mo.
23c. DATE SIGNED 1-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-11-57
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 10 '57
REGISTRAR'S SIGNATURE J. Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Clark F.H. 1125 Hodiamont 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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alfred F. Boeder

Licensed Embalmer No. 266

P. O. Address 1125 Hodg

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