

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9945

STATE FILE NUMBER

1977

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2438 N. Grand				Length of stay in 1b		d. STREET ADDRESS 2438 N. Grand Ave	
(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		21/78		4. DATE OF DEATH 2-22-57		Month / Day Year	
3. NAME OF DECEASED (Type or print) ANNIE				First Middle Last BOSLEY		4. DATE OF DEATH 2-22-57	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-10-1908	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) WESTPOINT MISS. 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY Private family		11. BIRTHPLACE (City and state or country) WESTPOINT MISS. 1	
13. FATHER'S NAME SIMMON STEVERSON				14. MOTHER'S MAIDEN NAME RODA NELSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (No unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT LIZZIE SHACKS #260a PAGE			
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon Monoxide Poisoning</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.							DUE TO (b)
DUE TO (c)							DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Give date, time, place, and nature of injury) <i>Deceased was alone came from furnace circulating from unweighted gas heater in room of house, 2438 N. Grand about July 21 1957</i>		20c. TIME OF INJURY Hour Month, Day, Year 3 a. m. 2 21 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis Mo		20g. COUNTY E 890.0	
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at _____ 7:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Patrick P. Taylor Coroner 3</i>					
22b. ADDRESS 1800 Clark		22c. DATE SIGNED 2-26-57					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2-27-57		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) ST. LOUIS, COUNTY MO.	
24. FUNERAL DIRECTOR J. MCCLENDON 4535 WASHINGTON				25. DATE RECD. BY LOCAL REG. FEB 27 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John K. Cunningham*.....

Licensed Embalmer No..... 411

P. O. Address 2405 9th

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.