

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

57 0 2 2 8 4 6
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5479**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP.			Length of stay in 1b 15 Wks 2 1/2		d. STREET ADDRESS (If outside, give location) 4968 Delmar
3. NAME OF DECEASED (Type or print) JOSEPH P. BOSS			4. DATE OF DEATH JUNE 11, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY PAINTING	11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 70		16. SOCIAL SECURITY NO. 488-10-283838	17. INFORMANT Melva Friend 9765 Royalton Ct.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pulmonary infarction					INTERVAL BETWEEN ONSET AND DEATH 10"
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Chronic Atrial Fibrillation					
DUE TO (c) Arteriosclerotic Heart Disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/7/57 to 6/11/57 and last saw her alive on 6/11/57 . Death occurred at 7:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ray A. Thiel MD.			22b. ADDRESS 1515 LFAYETTE AVE.		22c. DATE SIGNED 6/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY	23c. LOCATION (City, town, or county)		(State)
Burial		Calvary	St. Louis		Mo.
24. FUNERAL DIRECTOR Collier 10123 St. Charles Rd.			25. DATE RECD. BY LOCAL REG. JUN 12 1957		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

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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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *St. Ann*

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..