MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 16 1961

-61-010487

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2053

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3) 4014 Shreve — Inside Limits Yes ☐ No ☐

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

c. CITY OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4014 Shreve — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY — Middle — Last BOSLEY

4. DATE OF DEATH: Month FEB. — Day 27, — Year 1961

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Separated

8. DATE OF BIRTH: 9/27/1917

9. AGE (last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (City and state or country): Manter City, Miss.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Elbert Bosley

13b. MOTHER'S MAIDEN NAME: Jo Anna Pearl

14. NAME OF HUSBAND OR WIFE: Faye Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NOS — (If yes, give war or dates of service) 6*

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Elbert Bosley — Address: 4270 A. St. Louis, Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Strangulation;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Suffered at hands of party or parties unknown on Feb. 27, 1961, in room of home at 3835 Cook ave.

DUE TO (c): Homicide

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 983 x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour 2 a.m. p.m. — Month, Day, Year 2-27-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

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 — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 4:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Quinlan Deputy Coron

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 3-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 3/6/61

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Sefferson Barracks, Missouri

24. FUNERAL DIRECTOR: E. B. Loonce — ADDRESS: 1221 North Grand

25. DATE RECD. BY LOCAL REG.: MAR 1 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 [illegible]

Licensed Embalmer No. 8962

P. O. Address 1221 [illegible]

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