

318

1003

7886

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH
a. COUNTY **St. Louis, Mo.**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis 18, Mo.** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3624 Virginia** Reside on Farm Yes No

3. NAME OF DECEASED First **Elizabeth** Middle _____ Last **Bosek** 4. DATE OF DEATH **Aug. 21, 1961** Month _____ Day _____ Year _____

5. SEX **F.** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-12-85** 9. AGE (last birthday) **76** 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) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and state or country) **Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **(Wones, Joseph)** 13b. MOTHER'S MAIDEN NAME **(Black, Thersa)** 14. NAME OF HUSBAND OR WIFE **Michael-husb.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **MICHAEL BOSEK** Address **3624 VIRGINIA**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **HEART FAILURE AND ARREST**
DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE**
DUE TO (c) **4200H**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **CANCER OF URINARY BLADDER WITH INTESTINAL FISTULAE**
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 _____ a.m. _____ p.m. Month, Day, Year _____

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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **AUG 8-1961** to **AUG 21-1961** and last saw her/him alive on **AUG 21-1961**
Death occurred at **3:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Robert H. Orley M.D.** (Degree or title) 22b. ADDRESS **1325 S. Grand, St. Louis, Mo.** 22c. DATE SIGNED **8-23-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **AUG. 25 1961** 23c. NAME OF CEMETERY OR CREMATORY **ST. MATTHEW CEM.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

24. FUNERAL DIRECTOR **Thomas Kutas** ADDRESS **2906 Georgia** 25. DATE RECD. BY LOCAL REG. **AUG 24 1961** 26. REGISTRAR'S SIGNATURE **Loan 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 Earley Thompson Jr

Licensed Embalmer No. 4861

P. O. Address Blount, 5, Mo

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.