

JAN 12 1939
Registration District No. 201

Primary Registration District No. _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: 1083
 (a) County St. Louis Mo 2
 (b) City or town _____
 (c) Name of hospital or institution 1219 Missouri Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State _____ (b) County _____
 (c) City or town St. Louis Mo 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1219 Missouri Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

In this community _____
 years, months or days
 3. (a) PRINT FULL NAME EUGENE BOSLEY JR.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. unk

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sarah Bosley 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased Dec 5 1872
 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Steam fitter

11. Industry or business _____
 MOTHER FATHER { 12. Name Eugene Bosley Sr.
 13. Birthplace Baltimore
 (City, town, or county) (State or foreign country)
 14. Maiden name Sally Donnelly
 15. Birthplace Septuach 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sarah Bosley

(b) Address 1219 Missouri Ave

17. (a) Burial (b) Date thereof Dec 15 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1389 Union Blvd

19. (a) DEC 28 1939 (b) J. T. Braddock
 (Date received local registrar)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 25
 year 1939 hour 3:52 minute A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Sclerosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 or Means of Injury 4
 23. Signature Chas. H. ... (M. D. or other) _____
 Address Highway 100 Date signed 1228 39

State Board of Health
Division of Sanitation
100 North 1st Street
St. Paul, Minn. 55101

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *BW Fern*

Licensed Embalmer No. 1591

P. O. Address.....

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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41978
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township St Louis..... Primary Registration District No. 1003
(c) City St Louis..... (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 11101

2. PRINT FULL NAME Eugene Basely

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:
Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-24-40 J.F. Budeck Local Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alfred J. Perry, M.D.
(Address)

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE PRESCRIBED BY LAW.

Supplemental

