S. No. 2
1—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25691

State File No. 6948

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, 6 11 (If outside city or town limits, write "RURAL")
(d) Street No. 3732 Cook Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherard Bozeman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Fannie Bozeman
6. (c) Age of husband or wife if alive 52. years
7. Birth date of deceased Jan (Month) 3 (Day) 1868. (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	11.	hr. min.

9. Birthplace Birmingham, Alabama. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Zack Bozeman
13. Birthplace Ala. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Fannie Bozeman
(b) Address 3732 Cook Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42. (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson.
18. (a) Signature of funeral director C. W. Roberts.
(b) Address 3035 Lucas Ave.
19. (a) AUG 18 1942 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14, year 1942 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from July 31, 1942, to August 14, 1942; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Retro peritoneal Tumor	6 mos.
Due to Non-malignant	
Due to 56	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. Williams (M. D. or other)
Address 2601 N. Whittier Date signed 8/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar Blvd

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, fact should be so stated above.