

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **29740**
Registrar's No. **8132**

FILED SEP 28 1943 18

Registration District No. **18**

Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (c) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fred Isadore Bostian
 3. (b) If veteran, name war no
 3. (c) Social Security No. 720-12-5589

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased October, 15, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 10 26 _____hr. _____min.

9. Birthplace East, St. Louis, Illinois /
(City, town, or county) (State or foreign country)
 10. Usual occupation Engineer (Locomotive)

11. Industry or business Missouri Pacific Railroad
 12. Name Isidor Bostian
 13. Birthplace France 5
(City, town, or county) (State or foreign country)
 14. Maiden name Pettrina Aengert
 15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Bostian
 (b) Address Dupo, Illinois
 17. (a) removal (b) Date thereof Sept. 11, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery
Belleville, Illinois
 18. (a) Signature of funeral director Harold A. Steele
 (b) Address Dupo, Illinois
 19. (a) SEP 13 1943 (b) J. Bostian
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Illinois (b) County St. Clair /
 (c) City or town Dupo N.R.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1943 hour 3 minute 00 A.M.
 21. I hereby certify that I attended the deceased from Sept. 2, 1943, to Sept. 11, 1943;
 that I last saw him alive on Sept. 11, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
 Duration _____
 Due to _____
 Due to _____
 Other conditions Rt. saphenous ligation
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury
 23. Signature Harold Steele (M. D. or other) _____
 Address 1755 S. Grand Date signed 9/11/43

8132

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.....

BODY NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Harold A. Dushnee*

Licensed Embalmer No.....

P. O. Address *Dupo, Illinois*

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.