

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24618
Registrar's No. 6206

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6206			
1. PLACE OF DEATH a. COUNTY 3751a South Broadway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3751a South Broadway			7			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 3751 a S. Broadway				d. STREET ADDRESS (If rural, give location) 24 St. Louis Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) Adolph		b. (Middle) Charles		c. (Last) Bosso		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9/17/1873			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 10 Days 28		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Missouri			
12. COUNTRY OF WHAT COUNTRY? U. S.									
13a. FATHER'S NAME Henry Bosso		13b. MOTHER'S MAIDEN NAME Minnie Deering		14. NAME OF HUSBAND OR WIFE Beatrice					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Bosso 3751a South Broadway					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis ANTECEDENT CAUSES Chronic Pyelonephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 92					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HIP X					
22. I hereby certify that I attended the deceased from July 1, 1949 , to July 15, 1949 , that I last saw the deceased alive on July 15, 1949 , and that death occurred at 11:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. B. Pasater, M.D.				23b. ADDRESS 3045 Jefferson		23c. DATE SIGNED July 16/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/49		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. JUL 17 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moyall 1926 Allen Ave					

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

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
Student Embalmer

Signed *Eaton R. Remelius*

Licensed Embalmer No. 42,83

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.