

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17832

FILED JUN 5 1951

State File No. _____
Registrar's No. **4908**

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 4908			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township) 5 hrs		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2089					
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 8612 Hallsferry 0							
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) F. c. (Last) Bova			4. DATE OF DEATH (Month) (Day) (Year) May 24th, 1951								
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH July 4th, 1900		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Cement		11. BIRTHPLACE (State or foreign country) St. Louis 0			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME August Bova			13b. MOTHER'S MAIDEN NAME Palmisna			14. NAME OF HUSBAND OR WIFE Irene A Bova					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 492-10-9903		17. INFORMANT'S SIGNATURE OR NAME Irene Bova, 8612 Hallsferry Rd.,			ADDRESS _____			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Due to (b) Cerebral Apoplexy <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH _____				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X							
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 10 P m. , from the causes and on the date stated above.											
23a. SIGNATURE Joseph M. ... Deputy (Degree or title)					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 5/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis, Mo.			(State) _____			
DATE REC'D BY LOCAL REG. MAY 26 1951		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry			ADDRESS _____			

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

Man *Jul*

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 ME

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Etienne Remelins

Licensed Embalmer No. 4283

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.