

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40197

State File No.

No. 800
10:48

XC-140688149
REG. #97288
REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 REGISTRAR'S NO. 3921

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE	
c. LENGTH OF STAY (in this place) 61 DAYS		d. STREET ADDRESS (If rural, give location) 1347 FRANKLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) B.
c. (Last) BOSOLA			4. DATE OF DEATH (Month) (Day) (Year) 12-8-51
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 5	8. DATE OF BIRTH 7-2-92
9. AGE (In years last birthday) 59 YRS	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) COLLINSVILLE, ILLINOIS 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME BART BOSOLA		13b. MOTHER'S MAIDEN NAME MARGARET MARCHTANDO	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI-T	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V A HOSPITAL RECORDS, JEFF BRKS, MO.	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASTHMA			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) 241K	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8-51 , 19___, to 12-8-51 , 19___, that I was the attending physician and that death occurred at 12:20A m., from the causes and on the date stated above.			
23a. SIGNATURE Robert A. Doisy (Degree or title) D.M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 12-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) 2	24b. DATE 12-8-51	24c. NAME OF CEMETERY OR CREMATORY ST. PETER AND PAUL	24d. LOCATION (City, town, or county) (State) COLLINSVILLE, ILLINOIS
DATE REC'D BY LOCAL REG. 12-8-51	REGISTRAR'S SIGNATURE Herbert A. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert A. ... Collinsville, Ill	

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 _____

Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed *Herbert Sessy* _____

Licensed Embalmer No. *72823* _____

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, fact should be so stated above.