

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6260

State File No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1469**

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

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 town) St. Louis, Missouri		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249	
d. STREET ADDRESS 2901 Wisconsin		0	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) BOSSUNG		4. DATE OF DEATH (Month) (Day) (Year) FEB. 15, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1870
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 4 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?		13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Nicholas Bossung		13b. MOTHER'S MAIDEN NAME Magdalena ??	
14. NAME OF HUSBAND OR WIFE Magdalena		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank L. Bossung 4941 Oleatha, St. Louis	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Common Bile Duct INTERVAL BETWEEN ONSET AND DEATH Months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		155X	
22. I hereby certify that I attended the deceased from 2-2-52 , 19___, to 2-15-52 , 19___, that I last saw the deceased alive on 2-15-52 , 19___, and that death occurred at 5:15A m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph Efron M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 2-15-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery	
24d. LOCATION (City, town, or county) (State) 7030 Gravois		DATE REC'D BY LOCAL HEALTH DEPT. FEB 15 1952	
REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 So. Broadway, St. Louis, Mo. 11	

Embalmer, License No. 3871

Student Embalmer No. 21231

21231

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Leina C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address: 7814 S. Broad

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.