

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21768

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6217**

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| 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, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 64 yrs | | d. STREET ADDRESS (If rural, give location) 2620 Lawton Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2620 Lawton Blvd. | | e. STREET ADDRESS 2620 Lawton Blvd. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Annie | b. (Middle) Bostwick | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 6 28 '52 |

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|----------------------------------|----------------------------------|--|--------------------------------------|---|----------------------------|---------------------------|---------------------------|--------------------------|
| 5. SEX 3 female | 6. COLOR OR RACE negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0 | 8. DATE OF BIRTH 10-8-1875 | 9. AGE (In years last birthday) 76 | 10. UNDER 1 YEAR Months | 11. UNDER 24 HRS. Days | 12. UNDER 2 HRS. Hours | 13. UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Murphysboro, Ill | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME William Henry Bostwick | 13b. MOTHER'S MAIDEN NAME Emma Fletcher | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Leda Hughes | 18. ADDRESS 2620 Lawton |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | ANTECEDENT CAUSES | | |
| | DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) Heart Prostration | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 000 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? E9310 |
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22. I hereby certify that I attended the deceased from **19** to **19**, that I last saw the deceased alive on **8/30/52**, 19**52**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above. **22**

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| 23a. SIGNATURE <i>[Signature]</i> | (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 8/30/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 7-2-52 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952 <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Hughes | ADDRESS 2620 Lawton |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Linda Hughes* _____

Licensed Embalmer No. *2998* _____

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.