

FILED JUL 15 1952

STANDARD CERTIFICATE OF DEATH

21803

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6166**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>UNK.</b>		d. STREET ADDRESS (If rural, give location) <b>5445 THRUSH AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5445 THRUSH</b>		7	

3. NAME OF DECEASED (Type or Print) <b>OTTILIA</b>	a. (First)	b. (Middle)	c. (Last) <b>BUKOSKE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 29 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Oct 22, 1885</b>	9. AGE (In years last birthday) <b>67</b>	10. IF UNDER 1 YEAR Days <b>7</b>	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WORK</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANDREW BUKOSKE</b>	13b. MOTHER'S MAIDEN NAME <b>MARY SCHNEIDER</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. FRANCES REMMERT</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Stroke</b>	DUE TO (b) <b>no other</b>		
ANTECEDENT CAUSES	DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or condition which caused death.			
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 <b>000</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>E9210</b>
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22. I hereby certify that I attended the deceased from **6-29, 1952** to **6-28, 1952** that I last saw the deceased alive on **6-29, 1952** and that death occurred at **7:00 P.M.**, from the causes and on the date stated above. **27**

23a. SIGNATURE <b>Law J. Reilly</b> (Degree or title)	23b. ADDRESS <b>730 - Hodeman</b>	23c. DATE SIGNED <b>6-30-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BUCHHOLZ-KOELLER</b>	ADDRESS <b>5967 W. FLORISSANT.</b>
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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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edmund Remelius

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.