

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

32766  
 State File No. 8615

1952 1003

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

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) 20 years	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delway Hotel, 5017 Delmar	
		d. STREET ADDRESS (If rural, give location) 12 St. Louis, 2129	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) c. (Last) BOZEKEOTES		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1914
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Martinsburg, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Jenicek		13b. MOTHER'S MAIDEN NAME Anna Hedina	14. NAME OF HUSBAND OR WIFE Kenneth Bozekeotes
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. Yes	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Jenicek, Martinsburg, Missouri
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Second ed third degree burns of 95% of body; suffered in fire in her room at the Delway Hotel 5017 Delway Blvd. Caused by overheated electric seat plate on Sept 7 1952 at about 2:00 am.</i> INTERVAL BETWEEN ONSET AND DEATH <i>burns</i> 2. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>fire in her room at the Delway Hotel 5017 Delway Blvd. Caused by overheated electric seat plate on Sept 7 1952 at about 2:00 am.</i> 3. OTHER SIGNIFICANT CONDITIONS <i>electric seat plate on Sept 7 1952 at about 2:00 am.</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>000 Accidental</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Accidental</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Hotel</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 7 52 2:00</i>	21e. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E9166</i>	
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 _____ 400A m., from the causes and on the date stated above. <i>40</i>			
23a. SIGNATURE <i>Frank E. Taylor</i> (Degree or title)		23b. ADDRESS <i>1201 Clark</i>	23c. DATE SIGNED <i>9/14/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Sept. 14m 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
DATE REC'D BY LOCAL REG. SEP 15 1952	REGISTRAR'S SIGNATURE <i>J. C. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLaughlin Funeral Home, St. Louis, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4557

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.