

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6019

STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 1441

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ill.</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>E. St. Louis</i> 81208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp.</i> Length of stay in <i>21 days</i>		d. STREET ADDRESS (If outside give location) <i>2607 St. Clair</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JOHN BARTTS BOVA</i> First <i>John</i> Middle <i>Bartts</i> Last <i>Bova</i>		4. DATE OF DEATH <i>2 12 57</i> Month <i>2</i> Day <i>12</i> Year <i>57</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12.15.97</i>
9. AGE (In years last birthday) <i>59</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>9</i> Hours <i>59</i> Min.	IF UNDER 24 HRS. Months <i>5</i> Days <i>9</i> Hours <i>59</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R.A.L. ROAD</i>	11. BIRTHPLACE (City and state or country) <i>Kas Kaskia, Ill.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Charles Bova</i>	
14. MOTHER'S MAIDEN NAME <i>ODELIA DANIS</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Bertha Bova East St Louis Ill</i> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>arteriosclerosis, heart disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> <i>several years</i>
19. WAS AUTOPSY PERFORMED? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420-0</i>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <i>1.21.57</i> to <i>2.12.57</i> and last saw her <i>him</i> alive on <i>2.12.57</i> Death occurred at <i>7:50 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benjamin N. Charles, M. D.</i>		22b. ADDRESS <i>Mo. Pac. Hospital - St. Louis</i>	
22c. DATE SIGNED <i>Feb. 12, 1957</i>		23a. SIGNATURE (Degree or title) _____	
23b. DATE _____		23c. NAME OF CEMETERY OR CREMATORY _____	
23d. LOCATION (City, town, or county) <i>E. St. Louis</i>		(State) <i>Ill.</i>	
24. FUNERAL DIRECTOR <i>Harry Robins</i> ADDRESS <i>E. St. Louis</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 13 57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith on 2</i> <i>m.g. B.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....
Signature of Student Embalmer

Signed *Kenn Prohoff*.....

Licensed Embalmer No. 4.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.