MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39019

File No. .....

Registered No. 11734

1. PLACE OF DEATH

County .....

Township .....

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Julia Boosinger

(a) Residence. No. 1524 Deer St. St., 6 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Boosinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 15 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	9	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Joseph Burger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Celia Barnard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Frank Boosinger
(Address) 1524 Deer St

15. FILED DEC 30 1927, 19..... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-16, 1927, to 12-29, 1927, that I last saw her alive on 12-29, 1927, and that death occurred, on the date stated above, at 1:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of cervix uteri
General Paralysis of the Insane
Pyonephrosis with multiple kidney abscesses 4 (duration) — yrs. 1 mos. 3 weeks

CONTRIBUTORY (SECONDARY) Broncho-pneumonia - secondary
(duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Lab & Autopsy

(Signed) George S Littell, M. D

12/29, 1927 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	12-31 1927
20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.