

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... 2 Registration District No. 791
Township..... 1 Primary Registration District No. 1003
City..... St. Louis (No. 7963 Frederick St. Ward)

File No. 25928

Registered No. 7102

2. FULL NAME

Ellen Boss
(a) Residence, No. 7963 Frederick St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Boss		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1867		
7. AGE YEARS 35	MONTHS 76	DAYS 3
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libanon Mo		
13. NAME William Ferris		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known		
15. MAIDEN NAME not known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known		
17. INFORMANT (ADDRESS) Chas. J. Burk East St. Louis Ill		
18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis Ill DATE July 1937		
19. UNDERTAKER (ADDRESS) Chas. J. Burk East St. Louis Ill		
20. FILED 0001 26 1937 J. T. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

22. I HEREBY CERTIFY That I attended deceased from June 187, to July 26, 1937

I last saw him alive on July 25, 1937. Death is said

to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Date of onset 7-26-37

Other contributory causes of importance:

mitral regurgitation
gonorrhea
chronic cholecystitis, cholelithiasis
cholecystectomy 5-11-36

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Wm. G. Knight, M. D.

(Address) 8201 North Broadway

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.

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