

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.

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

39918  
Do not use this space.

DEC 13 1937

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City St. Louis (d) Street No. **BARNES HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10905**

**2. PRINT FULL NAME** Helen Boose

(a) Residence, No. 6215 Clifton Ave St. **3**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 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 **Robert Boose**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 20th 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**30 52 2 3**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**  
 9. Industry or business in which work was done, as 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) **Pennsylvania**

FATHER 13. NAME **Emmet Avery**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Connecticut**

MOTHER 15. MAIDEN NAME **Ida Burman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

17. INFORMANT **Robert Boose**  
 (ADDRESS) **6215 Clifton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Chr. Yd. Nov. 26, 1937**

19. FUNERAL DIRECTOR **William Schumacher**  
 (ADDRESS) **3013 Keramec Street**

20. FILED **J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-23 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-22 1937** to **11-23 1937**

I last saw h. e. r. alive on **11-23 1937** Death is said to have occurred on the date stated above, at **6:25 P. M.**

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

**Benign  
 Br. Bin. Tumor (oligodendroglioma)  
 Hypertension  
 PNEUMONIA, broncho**

Date of onset  
**Aug. 36  
 Aug. 36  
 Nov. 21, 37**

Other contributory causes of importance: **54 d**

Name of operation **Craniotomy** Date of **Aug. 36**

What test confirmed diagnosis? **yc. 2** 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) **Stephen B. K. S.**, M. D.  
 (Address) **BARNES HOSPITAL**

NOV 26 1937

STATEMENT BY LICENSED EMBALMER

I, Fred H. Nettig, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Fred H. Nettig  
Licensed Embalmer No. 1534

**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.)**