

FEB 12 1938

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

229
Do not use this space.

791
1003

Registered No. 85

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. Lutheran 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Boley Elrod Jr. 11/23

(a) Residence, No. St. **NR** Vienna, Missouri
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18th, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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) Vienna, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Boley Elrod Sr.

14. BIRTHPLACE (CITY OR TOWN) Vienna, Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ella Hitcheson

16. BIRTHPLACE (CITY OR TOWN) Vienna, Missouri
(STATE OR COUNTRY)

17. INFORMANT Boley Elrod Sr.
(ADDRESS) Vienna, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Mo. DATE January 3rd 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JAN 3 1938
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1937, to December 31, 1937
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:47 P.M.

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

Diffuse cerebral paratubercles
Acute perforative appendicitis
After death with drainage

Other contributory causes of importance:

Name of operation After death with drainage Date of Dec 27, 1937
What test confirmed diagnosis? fluorescence Was there an autopsy? No

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) Albert H. Hoppe, M. D.
(Address) 508 N. Grand Blvd.

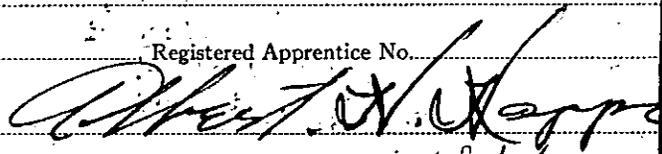
Date of onset
Dec 28 1937

Dec 28 1937

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed 
Licensed Embalmer No. 1861

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.)