

AUG 11 1939

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

23611
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... / Primary Registration District No..... 1003
(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL Registered No. 5884
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Boos, Sohn HENRY JR.
(a) Residence, No. 4086 Holly Hills St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dist. Sales Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Westinghouse El.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John H. Boos

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

MOTHER 15. MAIDEN NAME Emelia Zelch

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

17. INFORMANT Thelma N Boos
(ADDRESS) 4086 Holly Hills

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Pk. DATE 7/1/39

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein
(ADDRESS) 7027 Gravois Avenue

20. FILED J. F. Bebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1939, to 6-30, 1939

I last saw him alive on 6-30, 1939. Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Seminoma, malignant
metastases of above tumor
Thrombosis of right iliac vein
Primary site
in testicle
Date of onset July 1938

Other contributory causes of importance:

Name of operation Removal of testicle, Rt. Date of January 1939

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

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?

If so, specify

(Signed) Keith S. Nelson, M. D.(Address) BARNES HOSPITAL

JUL 3 1939

(Licensed Embalmer's Statement on Reverse Side)

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

....., or by

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

Signed

Clarence P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

6937^a Travis

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.)

If this body is not embalmed, above space should be left blank.