

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.

REGISTRATION DISTRICT NO. 784

PRIMARY REGISTRATION DISTRICT NO. 117

REGISTRAR'S NO. 1942

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Webster Groves
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
628 Lockwood Court
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Frances E. Boese
 (b) If veteran, name war NO
 (c) Social Security No. NO

4. Sex Female
 5. Color of race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Henry Boese
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 23, 1863
 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
 12. Name William Griesbach
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Unk.
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Boese
 (b) Address 628 Lockwood Ct

17. (a) Place of burial or cremation St. Paul Ch. Yard Cem.
 (b) Date thereof Nov. 6, 1939
 (Month) (Day) (Year)

18. (a) Signature of funeral director E. J. Schmutz
 (b) Address 3125 Lafayette Ave.

19. (a) NOV 4 1939 (Date received local registrar)
 (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saint Louis
 (c) City or town Webster Groves
 (If outside city or town limits, write "RURAL")
 (d) Street No. 628 Lockwood Court
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 50 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 4th
 year 1939 hour 4:50 minute _____ A. M.
 21. I hereby certify that I attended the deceased from Aug 18th 1939
Aug 18th 1939, to Nov 4th 1939
 that I last saw her alive on Nov 2nd 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion Duration 3 Months
Myocardial failure Duration 3 Months
94%
 Other conditions Sanity
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Arnold S. Klein (M. D. or other) MD
 Address 2632 S. Kingshighway Date signed Nov 4th 1939

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 jos B Vollenma

Licensed Embalmer No. 4014 //

P. O. Address. 3125 Lafayette ave //

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.