

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1931 California Ave. 2  
(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 Frederick Boos3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Widowed6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
Mary Boos alive \_\_\_\_\_ years7. Birth date of deceased October 13 1847  
(Month) (Day) (Year)8. AGE: Years 92 Months 2 Days 27 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name John Boos18. Birthplace Switzerland  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Beaser15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Beas(b) Address 1931 California Ave.17. (a) Burial (b) Date thereof 1/12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredericktown Mo.18. (a) Signature of funeral director E. J. Schnur(b) Address E. J. Schnur 3125 Lafayette19. (a) JAN 13 1940 (b) J. B. Beck  
(Date recorded, local registrar) (Signature, embalmers)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1931 California  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th  
year 1940 hour 9:40 minute P M.21. I hereby certify that I attended the deceased from Dec. 20  
1939 to Jan 9, 1940  
that I last saw him alive on Jan 9, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_Ch. Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_23. Signature R. Berg (M. D. or other) \_\_\_\_\_Address 2253 Nebraska Ave Date signed 1/11/40

**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.....

*Joe B. Hollmer*

Licensed Embalmer No.....

*4014*

P. O. Address.....

*3125 La Fayette 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.**