3037
S. No. 2
—11-10-39
. 5-17-39
I' X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20525

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5473

FILED JUL 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis, 21
(If outside city or town limits write "RURAL")

(d) Street No. 2207 Chestnut St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Hal Boone STD

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married or divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 3, 1878 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Unknown

FATHER
12. Name Jesse Boone
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Julia Unknown
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital No. 1

19. (a) JUN 26 1940 (Date received local registrar) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1940 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from June 4, 1940 to June 12, 1940; that I last saw him alive on June 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Cirrhosis of Liver

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 1515 Lafayette, Date signed 6/13/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.