

Registration District No. **7911**

Primary Registration District No. _____

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:
St. Louis 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
 In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
 (d) Street No. Friendly Inn (Chouteau and Fourth)
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Dan Boone

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, divorced Single
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single 1858 years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 82 hr. min.

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

10. Usual occupation Nil. G

11. Industry or business Nil. G

12. Name Unknown G

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

17. (a) BURIAL (b) Date thereof 12-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Buller & Kelly

(b) Address 1446 N. Taylor ave.

19. (a) DEC 17 1940 (b) J. J. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15,
 year 1940 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from December
7, 1940, to December 15, 1940;
 that I last saw him alive on December 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Asymptomatic Myocarditis
Resected arterial sclerosis
Septicemia result of
fungus abscess due to
injury of leg
 Due to _____
 Due to _____
 Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature M. M. Karl (M. D. or other) n
 Address 1515 Lafayette Ave. Date signed 12/16/40

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.....

*City license
FF145*

Signed *Wm E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo*

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.