S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

22625

FILED JUL 28 1942 291

Registration District No. ..... Primary Registration District No. 1003

State File No. 6031

Registrar's 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:
7234 S. Levee ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 7234 S. Levee
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Jane Boren

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 9 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	8	..... hr. ..... min.

9. Birthplace Jefferson Co. (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Phil Boly
13. Birthplace Jefferson Co. (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Mahla Rokus
15. Birthplace Jefferson B (City, town, or county) 0 Co. Mo. (State or foreign country)

16. (a) Informant Alice Hanley
(b) Address 7234 S. Levee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Co.

18. (a) Signature of funeral director C. Hoffmeister Mr. & Co.
(b) Address 7814 S. Broadway

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

JUL 17 1942 944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan, 1942, to July 17, 1942
that I last saw her alive on July 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Senility	
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 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 Robt O'Urban (M. D. or other)

Address 3665 So. Broadway Date signed 7-17-42

(Licensed Embalmer's Statement on Reverse Side)

Pro 4844

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 Edwin H Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.