

FILED NOV 23 1942
318

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9425**

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

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:
Homer G. Phillips Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4301a Enright Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Phillipe Boden

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henrietta Bruce Boden 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May 18th. 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 20 hr. min.

9. Birthplace Unavailable Haiti 8
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business St. Louis Public School System

MOTHER FATHER

12. Name Unavailable Boden

13. Birthplace Unavailable Haiti 8
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

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

16. (a) Informant Edwina Brown

(b) Address 4350 Cook Ave.

17. (a) Burial (b) Date thereof 11-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue.

19. (a) NOV 12 1942 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th.
year 1942 hour 8:45 minute p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Chronic Myocarditis
Due to Arteriosclerosis

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?..... (Specify type of place) (Means of injury)

23. Signature W. H. ... (M. D. or other).....
Address 4301a Enright Ave. Date signed 11-11-42

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.....

Chas. J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney 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, fact should be so stated above.