V. S. No. 2
50M—5-42
Rev. 5-17-39
P1 X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

61

State File No.

FILED FEB 1 1943

Registration District No. 2718

Primary Registration District No. 1003

Registrar's No. 695

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009 13
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 Darby Ave 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel A. Boos
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 13 (Day) 1870 (Year)
8. AGE: Years 72 Months 11 Days 9 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer (Retired)
11. Industry or business
MOTHER FATHER
12. Name George Boos
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Margaret Koester
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Frances Bauer
(b) Address 4221 Darby Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Anne Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave
19. (a) JAN 24 1943 (Date received by registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1943 hour 8.30 minute P M.
21. I hereby certify that I attended the deceased from 12-23, 1942 to 1/22 1943 that I last saw him alive on 1/22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis — Duration 3 hours
Due to Fracture R femur
Due to elapsed and fell to the floor
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus
Major findings: Of operations 1943 Autopsy
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) Accident 000
(b) Date of occurrence Dec 29 1942
(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? Public place (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature H. Morse (M. D. or other) 1/3
Address 6071 Delmar Date signed 1/3/43

(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 Wilford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.