

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4587

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:
Dixie Mfg. Co. 34300 Goodfellow Bl.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6103 A. Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Burtone Boaz

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Frances Boaz 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 8 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 8 hr. min.

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

10. Usual occupation Drill Press Operator

11. Industry or business Dixie Mfg. Co.

12. Name Harry Boaz

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

14. Maiden name Augusta Hyman

15. Birthplace Buffalo N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Frances Boaz

(b) Address 6103A. Lotus Ave.

17. (a) Burial (b) Date thereof 5 / 19 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 18 1944 (Date received local registrar) (b) J. Z. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 44 hour 3.10 minute P M.

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

Immediate cause of death Coronary Thrombosis
Coronary Atherosclerosis

Due to _____
Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 in
Signature James J. Fittman (M.D. or other)
Address 1309 E. Duval Date signed 5/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Warren A. Carver

Licensed Embalmer No. 3534

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.