V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32064

Registrar's No. 8786

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (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) 0

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 49 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 21 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2346 Pine (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter Boarde

3. (b) If veteran, name war —

3. (c) Social Security No. unk

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 12th (Day) 1889 (Year)

8. AGE: Years 55 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Charlie Boarde
13. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Mildred Green
15. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Freddie Jenious

(b) Address 1253a N. Euclid ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J H Randle & Son

(b) Address 3133 Bell ave

19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1944 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from October 3, 1944 to October 14, 1944; that I last saw him alive on October 14, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	Unk.
Due to	
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 0

23. Signature Alva Moore (M. D. [redacted])

Address 2601 Whittier Date signed 10/16/44

844

(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 T. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chouteau

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.