V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35675

Primary Registration District No. 1003

Registrar's No. 9660

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:
4669 North Market St. 1
(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 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4669 North Market St. 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Boe.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Apr. 25. 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	18	hr. min.

9. Birthplace Lancaster, England. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator retired.

11. Industry or business United Drug Co.

FATHER
12. Name Patrick Boe
13. Birthplace England. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine O'Neil.
15. Birthplace England. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Boe
(b) Address 4669 North Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15. 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bonsell Nichols
(b) Address 1431 Union Blvd.

19. (a) NOV 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 12.
year 1944 hour 2 minute 55 p. M.

21. I hereby certify that I attended the deceased from Jan, 1944, to Nov 12, 1944;
that I last saw him alive on Nov - 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3 hours
Due to Chronic nephritis	?
Due to Enlarged Prostate	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 31
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 N P Thompson (M. D. or other)

Address 4439 San Francisco Date signed 11-13/44

(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.....

Licensed Embalmer No.....

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.

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