

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39175**

FILED JAN 5 1945 **318**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **10969**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jefferson & Olive Sts.
(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 Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5343 Vernon Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Dale Boswell
3. (b) If veteran, name war World War I **3. (c) Social Security** No. 489-039825

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22
year 1944 hour 10 minute 30 P.M.

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married,** divorced Married
6. (b) Name of husband or wife Margaret E. Boswell **6. (c) Age of husband or wife if** alive 47 years
7. Birth date of deceased March 8, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1944 to December 22 1944
that I last saw him alive on December 21 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 9 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac Decompensation Duration After number
Due to Coronary Thrombosis 6 months

9. Birthplace Danville Illinois
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis 6 months

10. Usual occupation Sales Mgr.

Other conditions Hypertension @ Hyper-
(Include pregnancy within 3 months of death)
irritable Colon

11. Industry or business Plumbing & Heating Supplies

PHYSICIAN
Major findings: 95
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name George G. Boswell
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Yelton
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Boswell,
(b) Address 5343 Vernon Ave.

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 _____

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec. 26, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director DEC 24 1944
(b) Address 4468 Washington Blvd.
19. (a) DEC 24 1944 (Date received local registrar) J. F. Bussard (Registrar's signature)

23. Signature David M. Skilling Jr. (M. D. or other) M.D.
Address 4500 Olive Street **Date signed** 1/23/44

Skilling

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 *Philip M. Berry*.....

Licensed Embalmer No. *3281*.....

P. O. Address *4468 Washington*.....

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.