

No. 2
-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED APR 27 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10604

State File No. 0

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 667

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 1 mo 18 days
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 9/6
(c) City or town Overland 1/5
(If outside city or town limits, write "RURAL")
(d) Street No. 9411 Baltimore 1
(If rural, give location)
(e) Citizen of foreign country? Yes (No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Hanley
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 18
year 1946 hour _____ minute 15 M.
21. I hereby certify that I attended the deceased from 2
1 1946 to 3-18 1946
that I last saw her alive on 3-18 1946
and that death occurred on the date and hour stated above.

4. Sex Female, Color or race white
6. (a) Single, widowed, married, divorced M
7. Birth date of deceased: 12 30 1906
(Month) (Day) (Year)

Immediate cause of death Acute bacterial endocarditis Duration 6 wks

8. AGE: Years Months Days If less than one day
37 2 18 hr. _____ min.

Due to gla
Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER

12. Name Henry Boggs
13. Birthplace Redford Ill 1
(City, town, or county) (State or foreign country)
14. Maiden name Glenn Hillman
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Patent
(b) Address 9411 Baltimore Overland

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

(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)

18. (a) Signature of funeral director Edman Bros. Inc
(b) Address 2504 Woodson Rd Overland Mo
19. (a) 3/21/46 (b) W. W. Coats
(Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature W. W. Coats (M. D. or other) 24-10
Address 601 Business Bldg Date signed 3/21/46

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland Mo*

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.