. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

20415

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21546

FILED JUN 2 1946

Registration District No. 31846 Primary Registration District No. 1003 Registrar's No. 5112

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:
Home for the Aged — 3400 S Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 167
(If outside city or town limits, write "RURAL")
Home for the Aged

(d) Street No. 3400 So. Grand Bvld. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andrew Boden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased July (Month) 25 (Day) 1864 (Year)

8. AGE: Years 81 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Robert Boden
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Little Sisters of the Poor
(b) Address 3400 So. Gtand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun.8,1946 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JUN 7 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 1, 1946 to June 7, 1946
that I last saw him alive on June 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 mo

Due to Arteriosclerosis — 3 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death) 8 yrs

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

23. Signature E. P. Buddy (M. D. or other)
Address 607 16 Grand Date signed 7-7-46

(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.....Joe B. Benz.....

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St. St. Louis, 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.