

FILED NOV 25 1946  
318

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

9697

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:  
6105 Lindell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community  
years, months or days

3. (a) PRINT FULL NAME Ida Boshard Jamison

3. (b) If veteran, name was None  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul B. Jamison  
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 3, - 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67, 8, 8  
hr. min.

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

10. Usual occupation At Home

MOTHER FATHER } 11. Industry or business

12. Name John R. Boshard

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Stubbs

15. Birthplace Utah  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul B. Jamison

(b) Address 6105 Lindell

17. (a) Burial, (b) Date thereof II/I3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) NOV 13 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6105 Lindell  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th  
year 1946, hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 23, 1945, to Nov 11, 1946  
that I last saw her alive on Nov 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 1/2 yrs

Due to Cerebral arteriosclerosis & vascular hypertension ?

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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature Samuel B. Grant (M. D. or other) M.D.  
Address 114 N Taylor Ave Date signed 11/12/46

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

*1:30 to 4 or 2m.*  
*1400 N. 5th St*  
*DE - 8600.*

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**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 Clarence H. Murray

Licensed Embalmer No. 404

P. O. Address 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.**