

Registration District No. 318

Primary Registration District No. 1003

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:
2005a Maury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
6 years (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2005a Maury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sarah Ann Boone

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Chas. S. G. Boone
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased 2 - 7 - 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 12 hr. min.

9. Birthplace Priceville Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER
12. Name Colin McDougall
13. Birthplace Unknown Ontario Canada
(City, town, or county) (State or foreign country)
14. Maiden name Catherine A. McArthur
15. Birthplace Unknown Ontario Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Boone
(b) Address 2005a Maury

17. (a) Burial (b) Date thereof 2 - 21 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address 23 W. Lockwood, Webster Groves, Mo.

19. (a) FEB 20 1947 (b) J. H. Bremer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1947 hour 4 minute 10A M.

21. I hereby certify that I attended the deceased from May 19 Feb 13, 1947
that I last saw alive on Feb. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Due to.....
Due to 48.....
Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 Royal C. McLean or other.....
Address 114 Wood Date signed 2-20-47

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.....
Law M. Seymour

Licensed Embalmer No. 4343

7415 Zephyr Pl.,

P. O. Address.....Maplewood, 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.