

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

State File No.  
Registrar's No.

FILED MAY 22 1947 318

1003

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Barnes Hospital  
(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

3. (a) PRINT FULL NAME Louisa Board

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Francis Board

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

7. Birth date of deceased: 7 12 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 72 10 1 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Castle

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

14. Maiden name Unknown

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

16. (a) Informant William Board

(b) Address 6437 Jenwood, Chicago, Ill.

17. (a) Burial (b) Date thereof 5-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 14 1947 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway

(c) City or town Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. NR (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4/30, 1947 to 5/13, 1947  
that I last saw her alive on May 13, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
hypertensive cardio-vascular disease

Due to unknown

curious of liver, Kamec type

Other conditions Arterio-sclerosis, severe

(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 12H

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 0

23. Signature Barnes Hospital (M. D. occupation) M.D.  
Address \_\_\_\_\_ Date signed 5-13

Duration 3 yr.

10 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 15 1942

JUL 1 1942

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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 Elmer R. Caldwell

Licensed Embalmer No. 4079

P. O. Address.....

**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.**