No. 2
-1/47
17-39

WRITE PLAINLY—USING FADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6089 2134

Registration District No. 318 1003

Primary Registration District No.

Registrar's No.

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3011 a Lawton 7
(If rural, give location) 21 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Boose

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 6 (Day) 1862 (Year)

8. AGE: Years 86 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

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

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

16. (a) Informant Mattie Banks
(b) Address 2301 Dickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Hogan
(b) Address 4214 Delmar Blvd.

19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1948 hour 6 minute 50 p M.

21. I hereby certify that I attended the deceased from Feb. 18, 1948 to Feb. 25, 1948 that I last saw her alive on Feb. 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Esophagus	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autops None

PHYSICIAN
Underline the cause of 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 Jules M. Whittier (M.D. or other)
Address 2601 N Whittier Date signed 2/26/48

Jefferson City Printing Co.

(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 Gaylon H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed G. A. Swan

Licensed Embalmer No. 7863

P. O. Address 7214 Delmar

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.