

FILED SEP 7 1948

Registration District No. 318

Primary Registration District No.

1003

State File No.

7456

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri,
 (b) City or town St. Louis,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community Life,
 years, months or days)

3. (a) PRINT FULL NAME Charles U. Boster,3. (b) If veteran,
name war No

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

7. Birth date of deceased June 8, 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 14 hr. -- min.

9. Birthplace Mt Vernon Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Track Dept, St Louis Pub

11. Industry or business

12. Name unknown

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

14. Maiden name do

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

16. (a) Informant Mrs. Ruth Suda

(b) Address 4118 Concordia

17. (a) burial (b) Date thereof 8/25/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) AUG 26 1948 J. F. Bruckner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ind
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4118 Concordia
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
 year 1948 hour 4 minute 20 AM

21. I hereby certify that I attended the deceased from April 1940 to Aug 4 1948
 that I last saw him alive on 8-21- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
 Due to Carcinoma of sigmoid upper
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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) Means of injury

23. Signature R. K. Land (M. D. or other)
 Address 3903 Fair AM Date signed

7456

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.....

Licensed Embalmer No.

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.