S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30863

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8163

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

1. PLACE OF DEATH:
(a) County St. Louis City
(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. Louis Children's (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days (Specify whether life)
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Leasburg (If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location) N.R.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Beverly Jean Boren
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife infant
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 29 (Day) 1945 (Year)

8. AGE: Years 2 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Harry Boren
13. Birthplace Frederickstown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Barbara Phillips
15. Birthplace Leasburg (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harry Boren
(b) Address Leasburg, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Leasburg, Mo Pross Road Cemetery
18. (a) Signature of funeral director Shanklin Fun. Home
(b) Address Leasburg, Missouri
19. (a) SEP 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1948 hour 9-05 minute P.M.

21. I hereby certify that I attended the deceased from July 31 1948 to Sept 14 1948; that I last saw her alive on Sept. 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Don L. Thurston (M. D. or other)
Address St. Louis Children's Hosp. Date signed 9-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Don L. Thurston

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.