

2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5986

State File No. _____

FILED FEB 23 1949

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 1097

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1097			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE No. _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4953 Bonita Ave. /				d. STREET ADDRESS (If rural, give location) 4953 Bonita Ave.					
3. NAME OF DECEASED (Type or Print) CESAR			a. (First) _____		b. (Middle) A.		c. (Last) BOULAY		
4. DATE OF DEATH		(Month) (Day) (Year)		Feb. 3 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Aug. 27, 1860		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton		10b. KIND OF BUSINESS OR INDUSTRY St. L. Cathedral		11. BIRTHPLACE (State or foreign country) Alsace Lorraine		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Boulay			13b. MOTHER'S MAIDEN NAME Marie Ripp			14. NAME OF HUSBAND OR WIFE Late Rosemary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Rose Boulay 4953 Bonita Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - from fall ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac collapse DUE TO (c) Chr. Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fatality						INTERVAL BETWEEN ONSET AND DEATH 180	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION OK P.E.A.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT X SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fall while Working		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) MO 20	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 2 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Stumbled - Fall					
22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Feb. 3, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 9:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Leo J. Jungles (Degree or title)				23b. ADDRESS 2621 S. Jefferson			23c. DATE SIGNED 2/4/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)			
DATE REC'D BY LOCAL REG. J. B. Suster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

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

FEB 4 10.11

(Licensed Embalmer's Statement on Reverse Side)

2671 So. Jefferson
St. 12. 5810
2-4

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Richard W. Stovessund

Signed _____
Student Embalmer

Licensed Embalmer No. 4007

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.