

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. 38388  
Registrar's No. 218

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

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

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		b. COUNTY <b>Essex</b>	
c. LENGTH OF STAY (If in this place) <b>12 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jean</b>	b. (Middle) <b>M</b>	c. (Last) <b>Boue</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 4 1949</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>October 3 1924</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant Marine</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shipping</b>	11. BIRTHPLACE (State or foreign country) <b>Boston Mass</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jean M Boue</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Alexander</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Merchant Marine</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Daniel Shea</b>	ADDRESS <b>Boston Mass</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>24 1/2</b> <b>26</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto Accident</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 130</b>	21c. (CITY, TOWN OR TOWNSHIP) <b>St Charles</b> (COUNTY) <b>Essex</b> (STATE) <b>Mass</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident - call 2112</b>
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22. I hereby certify that I attended the deceased from **St Joseph**, to **Nov 9**, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Marie M. ...</b> (Degree or title)	23b. ADDRESS <b>Montvale ...</b>	23c. DATE SIGNED <b>11-9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 8 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Joseph</b>	24d. LOCATION (City, town, or county) (State) <b>Boston Mass</b>
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DATE REC'D BY LOCAL REG. <b>11-25-49</b>	REGISTRAR'S SIGNATURE <b>Francis ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hackmann Baue</b>	ADDRESS <b>St Charles Mo.</b>
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District File Number.....

District Health Officer No. 9,

NOV 3 0 1949

RECEIVED

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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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *Arthur C. Bane*.....

Licensed Embalmer No. *3155*.....

P. O. Address *St. Charles, Mo.*.....

Signed.....  
Student Embalmer

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.