

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2294

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2219	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3103 WASHINGTON AVE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS 3103 WASHINGTON AVE		d. STREET ADDRESS (If rural, give location) 21 3130 FRANKLIN	
3. NAME OF DECEASED a. (First) Robert (Type or Print)		b. (Middle)	c. (Last) Boose
4. DATE OF DEATH (Month) (Day) (Year) 1-4-50		5. SEX MALE	
6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11-4-1890		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) FRY POINT MISSI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sarah Boose	
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, asthma, etc. It means the disease, injury, or complication which caused death.		ADDRESS 3130 FRANKLIN	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO flames in garage in the rear Day 3103 Washington on Jan 4 DUE TO 1950 at about 335 pm			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 89219			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Jan 4 50 335 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? auto.		4/6	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 335P m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick B Taylor Clerk		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-50	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) Jeff. Barrack MO	
DATE REC'D BY LOCAL REG. JAN 7 1950		REGISTRAR'S SIGNATURE J B Lester	
FEDERAL DIRECTOR'S SIGNATURE Bennie Love		ADDRESS 3103 Washington Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 2 1967

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.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aline

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.