

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28988

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2028</u>		
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Lemay</u>		48.70		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 Haller</u>				d. STREET ADDRESS (If rural, give location) <u>305 Haller 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>J.</u> c. (Last) <u>Boll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1950</u>					
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 21-1893</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if unpaid) <u>Auto Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Boll</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Nieman</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Gabsky</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-05-1229</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Boll</u> ADDRESS <u>305 Haller Lemay</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma both Prostate &amp; Penis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH  <u>179X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Pr. Penis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lemay St. Louis Co. Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan 10-1948</u> to <u>Aug 23, 1950</u> , that I last saw the deceased alive on <u>Aug 23, 1950</u> , and that death occurred at <u>9:00 AM</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. G. ...</u> (Degree or title) _____				23b. ADDRESS <u>1504 Grand</u>		23c. DATE SIGNED <u>8/24/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-26-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>8-24-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Wm. G. ...</u> ADDRESS <u>3819 S Grand Blvd</u>			

(Licensed Embalmer's Seal on Reverse Side)

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

4000  
4 F.C.P.

SEP 29 1950

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed Geo J Kimberlin  
Student Embalmer No.....

Licensed Embalmer No. 4611

P. O. Address St. Louis, Mo

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.