

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42020

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10573

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> <u>2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LUKES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>4119 Westminster Pl.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>A.</u>	c. (Last) <u>BOALES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>OCT. 10 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 60 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman; City Water Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hopkinsville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William S. Boales.</u>	13b. MOTHER'S MAIDEN NAME <u>Jucy Means.</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. G. Boales; Michigan.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rt. tonsil &amp; metastases to mediastinum.</u>		<u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cirrhosis of liver.</u>			<u>2 years.</u>

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <u>145A</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 9, 1950, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Newman M.D.</u>	(Degree or title)	23b. ADDRESS <u>3720 Washington Avenue</u>	23c. DATE SIGNED <u>Dec. 11-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 19 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons</u>	ADDRESS <u>7233 Delmar Blvd;</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten mark*

**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.

Student Embalmer No. ....

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

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.