

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9708

State File No.

FILED MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2465**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 926 Russell	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		23 23	
3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) c. (Last) BOATMAN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 14, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1882
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flora, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Stoke Babbs	
13b. MOTHER'S MAIDEN NAME Joanne Cheney		14. NAME OF HUSBAND OR WIFE Shobal	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Shobal Boatman, 926 Russell
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Carcinoma of breast DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8 years	
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 170X	
22. I hereby certify that I attended the deceased from 2-25-52 , 19___, to 3-14-52 , 19___, that I last saw the deceased alive on 3-14-52 , 19___, and that death occurred at 12:40Am. , from the causes and on the date stated above.			
23a. SIGNATURE W. Eisele M.D.		(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 3-14-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-17-52	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Flora, Ill.
DATE REC'D BY LOCAL REG. MAR 14 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Remelius

Licensed Embalmer No. 4283

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.