

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9717

State File No.
Registrar's No. **1869**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2205 1/2 N Wharf St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
		d. STREET ADDRESS (If rural, give location) 26 2205 1/2 N Wharf St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)	
		c. (Last) Boos	
		4. DATE OF DEATH Feb. 26 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH June 10 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
			IF UNDER 1 YEAR Months Days
			IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME Wm. Rathert		11b. MOTHER'S MAIDEN NAME Elizabeth Baker	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.
		14. NAME OF HUSBAND OR WIFE Wm. Boos Dec.	12. CITIZEN OF WHAT COUNTRY?
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. None	17. INFORMANT'S SIGNATURE OR NAME Miss Florence Boos
			ADDRESS 2205 1/2 N Wharf St.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculature - accident 3 hrs.	
		ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Renal Disease over 2 yrs.	
		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"/>			
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X	
22. I hereby certify that I attended the deceased from 4 July, 1947 to 26 Feb, 1952 , that I last saw the deceased alive on 8 Feb, 1952 , and that death occurred on 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Eugene W. Hall (Degree or title) MD		23b. ADDRESS 2550 71st Street R	23c. DATE SIGNED 27 Feb 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 28 52	24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. FEB 27 1952	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W Clark 1125 Hodiamont Ave.	

Mr. Eugene Hall
25th St. Louisiana City
No. 7-0907

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.....
Student Embalmer

Signed Alfred J. Brodeker
Licensed Embalmer No. 2663
P. O. Address 112 1/2 Louisiana

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.