S. No. 300
Rev. 10.48

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

FILED NOV 13 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36195

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9882

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2259
d. STREET ADDRESS (If rural, give location): 405 Washington

**3. NAME OF DECEASED** (Type or Print)
a. (First): Laurance
b. (Middle): -
c. (Last): Boswell

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 25, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: July 1877
**9. AGE** (In years last birthday): 75
If under 1 year: Months | Days
If under 1 day: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**: Railway Supplies
**11. BIRTHPLACE** (City and State or Foreign Country): Baltimore, Md.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**:
**13b. MOTHER'S MAIDEN NAME**:
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Span. Amer.
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Luther Ely Smith, 411 N. 7th 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis — 5 years.
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 ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 332X

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Oct, 1952, *that I last saw the deceased alive on* Oct 25, 1952, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Martin Davis, MD (Degree or title)
**23b. ADDRESS**: 539 N. Grand
**23c. DATE SIGNED**: 10/27/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10-27-52
**24c. NAME OF CEMETERY OR CREMATORY**: Green Mount
**24d. LOCATION** (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: OCT 27 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
m93
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: Wagoner Mortuary, 4911 Washington
(Licensed Embalmer's Statement on Reverse Side)

## 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 John J. Stavins

Licensed Embalmer No. 4608

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.