

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

State File No. **32915**
Registrar's No. **7921**

FILED SEP 24 1953

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

1. PLACE OF DEATH a. 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 4324 WASHINGTON AVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, d. STREET ADDRESS (If rural, give location) 4324 WASHINGTON AVE			
3. NAME OF DECEASED (Type or Print) JONES PATRICK BOATRIGHT a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH 8/13/53 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/6/1902 9. AGE (In years last birthday) 51 # UNDER 1 YEAR # UNDER 24 HRS. # UNDER 1 MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACH. HELPER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) PORTAGEVILL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES THOMAS BOATRIGHT		13b. MOTHER'S MAIDEN NAME MARGARET FRANCES JONES		14. NAME OF HUSBAND OR WIFE LOUISE BOATRIGHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME LOUISE BOATRIGHT ADDRESS 4324 WASHINGTON AVE		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 mos
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) 203 X		
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 5/26, 1953, to 8/13, 1953, that I last saw the deceased alive on 8/12, 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas W. Parker M.D.</i>		23b. ADDRESS 4660 Natural Bridge Ave		23c. DATE SIGNED 8/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-15-53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. AUG 13 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE AVE		

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

(Increased Embalmers' Statement on Reverse Side)

JUL 13 1954

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.