

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37031

FILED OCT 23 1953

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State File No.

Registrar's No. 9797

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
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, Missouri</u>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1211a South 8th</u>		2229			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIZA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>BOES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widow</u>		8. DATE OF BIRTH <u>Mar. 2, 1882</u>		9. AGE (in years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>William W. Watz</u>			13b. MOTHER'S MAIDEN NAME <u>Clara</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. P. Boes (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>					
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) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>					
22. I hereby certify that I attended the deceased from <u>8-8-53</u> , 19 <u> </u> , to <u>9-24-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-24-53</u> , 19 <u> </u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward P. Glynn M.D.</u>				(Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>9-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 14 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>				
					ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>				

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.