

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

State File No. **7269**

No. 300  
10-48  
5000

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **433**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: specify before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Airport Townships</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryland Heights 250</b>	
c. LENGTH OF STAY (in this place) <b>23 months</b>		d. STREET ADDRESS (through give location) <b>Belwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (if not in hospital or institution, give street address or location) <b>Junsh Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN. P.</b> b. (Middle) <b>BOATWRIGHT</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>February 16 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b> (Specify)	8. DATE OF BIRTH <b>April 24 1866</b>	9. AGE (In years) (Months) (Days) <b>87</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired Farmer</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Kalla Missouri</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Richard Boatwright</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Cora B Boatwright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Maie Chard 142 Reading</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>BRONCHOPNEUMONIA</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterioscler. heart disease</b>		3 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 <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) <b>4200</b>	
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?	

22. I hereby certify that I attended the deceased from **March 30, 1952**, to **Feb. 16, 1954**, that I last saw the deceased alive on **Feb. 16, 1954**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Tracy U. Heuberg, D.O.</b>		23b. ADDRESS <b>462 No. Taylor</b>		23c. DATE SIGNED <b>2/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery of Kalla</b>	
24d. LOCATION (City, town, or county) (State) <b>Kalla Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Pillemer</b>		ADDRESS <b>7707 Lackland</b>	
DATE REC'D BY LOCAL REG. <b>2-17-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>			

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

77 12/2/51

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. ....

Student .....  
Student Embalmer

Signed.....

*Earl L. Hillman*

Licensed Embalmer No. ....

*3521*

P. O. Address.....

*Orland md*

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.