No. 300
10.48

FILED MAY 27 1954

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

State File No. 17085

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4387

**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): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 216 Emerling Drive, 21, 4001

**3. NAME OF DECEASED** (Type or Print)
a. (First): CLARENCE
b. (Middle): EDWIN
c. (Last): BOSTON

**4. DATE OF DEATH** (Month) (Day) (Year): May 14th, 1954,

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 25th, 1895
**9. AGE** (In years last birthday): 58
If under 1 year: Months | Days
If under 1 hr.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Traveling Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Brentwood Sportswear Company
**11. BIRTHPLACE** (City and State or Foreign Country): Pierce City, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Richard Edwin Boston
**13b. MOTHER'S MAIDEN NAME**: Dora Minerva Kirby
**14. NAME OF HUSBAND OR WIFE**: Vera Mae Boston nee Glueck

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): Unknown
**16. SOCIAL SECURITY NO.**: 085-01-5348
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Clarence E. Boston, 216 Emerling Drive

**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) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic Ca of jejunum, colon, peritoneum — 5 months
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 [X]

**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): 152X
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb 19, 1954, *to* May 14, 1954, *that I last saw the deceased alive on* May 14, 1954, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edward S. Heffer MD
**23b. ADDRESS**: 4500 Olive
**23c. DATE SIGNED**: 5/17/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 5/17/54
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAY 17 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: CALVIN F. FEUTZ, INC., 4828 Natural Bridge, FUNERAL HOME, St. Louis, 15, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

1 - am Monday 11/24 [illegible]
have girl at Info. desk
to page him & he will
come to Info desk.

File in City.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 418

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.