

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

FILED JUN 27 1955 XC-7 663 903 Reg. 8672 SL-5296		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH				19885 State File No.
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5146
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. Grand, St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 21 days	c. CITY OR TOWN East St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			STREET ADDRESS (If rural, give location) 1420 N. 52nd Street			
3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) T. c. (Last) BOAZ			4. DATE OF DEATH (Month) (Day) (Year) 6-13-55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-12-94	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Ridgeway, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Boaz		13b. MOTHER'S MAIDEN NAME Alice Smith		14. NAME OF HUSBAND OR WIFE Nellie Boaz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 335 01 1925	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.			
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE			5 years
			DUE TO (c) _____			
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL INFARCT			2 months
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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X		
22. I hereby certify that I attended the deceased from 5-23-55 , 19____, to 6-13-55 , 19____, and that death occurred at 2:27 pm., from the causes and on the date stated above.						
23a. SIGNATURE H. F. Westphaelinger (Degree or title) _____				23b. ADDRESS M.D. VAH, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 6-13-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-16-55	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem.		24d. LOCATION (City, town, or county) (State) Collinsville, Ill.	
DATE REC'D BY LOCAL REG. JUN 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Burke		ADDRESS East St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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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..... *Chas M. Burke*

Licensed Embalmer No..... 242

P. O. Address East St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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