

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10452

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2319

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (In place)		c. CITY OR TOWN Chester	
d. FULL NAME OF HOSPITAL OR INSTITUTION Morphe-H. Empl. H. Ho		e. STREET ADDRESS Route 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First)		c. (Last)		3 4 56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH Sept. 24, 1903		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (City and State or Foreign Country) Gorham, Ill.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Mike Boling		13b. MOTHER'S MAIDEN NAME Alice Cleman	
14. NAME OF HUSBAND OR WIFE Joella		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-14-4073	
17. INFORMANT'S SIGNATURE OR NAME Joella Boling, Chester, Ill.		18. ADDRESS Chester, Ill.		19. MEDICAL CERTIFICATION	
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA RIGHT LUNG.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHO PNEUMONIA			
		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 checked="" 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?	
22. I hereby certify that I attended the deceased from 1-11 1956, to 3-4 1956, that I last saw the deceased alive on 3-4 1956, and that death occurred at 2:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS [Address]	
23c. DATE SIGNED 3-5-56		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-5-56	
24c. NAME OF CEMETERY OR CREMATORY EVERGREEN		24d. LOCATION (City, town, or county) (State) CHESTER, ILL.			
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ALBERT H. HOPPE, 4700 WASHINGTON	

MAR 22 1958

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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 *John S. Dennis*.....  
Licensed Embalmer No.....4.....

P. O. Address *St. Louis*.....

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