Health, Welfare Public Service

300
1-56

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33258
STATE FILE NUMBER 8389

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital — Length of stay in Hospital 10 Wk's.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Hillsdale — Inside Limits Yes X No ☐
STREET ADDRESS (If outside, give location) 6577 St. Louis Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: LOUIS Middle: JOSEPH Last: BOOS
4. DATE OF DEATH Month Day Year: Sept. 6, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 2, 1895
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construc.
11. BIRTHPLACE (City and state or country): St. Louis County Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Louis A. Boos
14. MOTHER'S MAIDEN NAME: Margaret Harke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. # 1
16. SOCIAL SECURITY NO.: 491-01-8665
17. INFORMANT: George Boos — Address: 6577 St. Louis Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of liver with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3-5 Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 156.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/8/50, to ____ and last saw him alive on 9-6-57
Death occurred at 2:55 AM 9/6/57 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. L. Moore (Degree or title) MD
22b. ADDRESS: 7315 Pasadena Blvd.
22c. DATE SIGNED: 9-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/9/57
23c. NAME OF CEMETERY OR CREMATORY: St. Ann's Cemetery
23d. LOCATION (City, town, or county) (State): Normandy Mo.

24. FUNERAL DIRECTOR: Cullen-Kelly — ADDRESS: 7267 Nat'l. Bridge
25. DATE RECD. BY LOCAL REG.: SEP 7 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lammer

Licensed Embalmer No. 4

P. O. Address St La

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.