URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9955 60-039547 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis, Missouri | Length of stay in 1b

c. CITY OR TOWN St.Louis County | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis City Hosp. #1 | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 10558 Kamping | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Thomas Middle A. Last Boster

4. DATE OF DEATH Month October Day 11 Year 1960

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 7/13/70 | 9. AGE (last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Ill. | 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Boster | 13b. MOTHER'S MAIDEN NAME Priscilla Hatchett | 14. NAME OF HUSBAND OR WIFE Hattie Plumlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Zoe Newbury 10558 Kamping

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) Generalized arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 450.0
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ | 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 9-28-60, to 10-11-60 and last saw her him alive on 10-11-60
Death occurred at 7:00pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John R. Hamilton M.D. | 22b. ADDRESS 1515 Lafayette Ave. | 22c. DATE SIGNED 10-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/14/60 | 23c. NAME OF CEMETERY OR CREMATORY St.Matthew | 23d. LOCATION (City, town, or county) (State) St.Louis Mo

24. FUNERAL DIRECTOR ADDRESS E.J.Schnur 3125 Lafayette | 25. DATE RECD. BY LOCAL REG. OCT 14 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Thomas R. Ter

Licensed Embalmer No. 379

P. O. Address 3125 Q

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