

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7436 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>115 St. Grand Telera Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1211 1/2 Clinton</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LONNIE</u> Middle Last <u>BOLING</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>8</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-85</u>	9. AGE (last birthday) <u>76 yr</u> 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) <u>Ret. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hancock Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Boling</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sanders</u>		13c. NAME OF HUSBAND OR WIFE <u>Bessie Boling</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes World War I

17. INFORMANT St. Louis, Mo. Address
Bessie Boling 1211a Clinton.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic ca

DUE TO (b) Carcinoma of palate & tonsill

DUE TO (c) 144X

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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 8-8-61 to 8-8-61 and last saw him alive on 8-8-61
Death occurred at 8-8-61 10:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Keshie J. Pabo, M.D.</u>	22b. ADDRESS <u>640 Solvinge Highway</u>	22c. DATE SIGNED <u>8/8/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>8-11-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS
Southern Funeral Home
6322 S. Grand St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.
AUG 10 1961

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

I carcinoma of the esophagus, treated
A. Metastasis to nodes, liver and spleen

II Bronchoma, bilateral

III Arteriosclerotic Heart Disease
A Healed myocardium

IV Cholelithiasis

V Ovarian Atrophy

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

Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 8131 IVORY A

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.