

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39547  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City St. Louis, Missouri (d) Street No. ..... Registered No. **10534**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
**BARNES HOSPITAL** St.

2. PRINT FULL NAME FANNIE L. BOATRIGHT.

(a) Residence, No. 4066 WESTMINSTER St. **19**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Boatright.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 70 8 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

FATHER 13. NAME Joshua Roberts.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER 15. MAIDEN NAME Caroline Cruse.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT Frank Collis.  
(ADDRESS) 4066 Westminster Place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesboro, Ill. DATE Nov. 15, 1937.

19. FUNERAL DIRECTOR Arthur J. Donnelly.  
(ADDRESS) 3840 Lindell Blvd.

20. FILE NOV 13 1937 J.P. Bradeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1937, to 11-12, 1937

I last saw h.e.r. alive on 11-12, 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, atherosclerosis & hypertensive heart d., hyper-tension, coronary atherosclerosis, cardiac decompensation.

Date of onset

Other contributory causes of importance:  
Phyllosis, glaucoma, chronic catarrh.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify (Signed) FR Bradley, M. D.  
(Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*William Matie*

Licensed Embalmer No. \_\_\_\_\_

*2825*

**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.)**