

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41563
Do not use this space.

DECEASED JAN 21 1939

791
1003

Registered No. 11255

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City or St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME

D. 13972
 Alva Booher
 (a) Residence, No. 2825 North 14th St. 26
 (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 male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Booher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 67 4 18
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year) 15 Yrs.
 11. Total time (years) spent in this occupation 8 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Indiana

FATHER
 13. NAME Alphonse Booher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Indiana

MOTHER
 15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mulberry Indiana

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ina. Ill. DATE Dec. 31, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/38 19

22. I HEREBY CERTIFY That I attended deceased from 12/25/38 to 12/28/38

I last saw him alive on 12/28/38 19..... Death is said to have occurred on the date stated above, at 2.30 P.

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

arteriosclerotic heart disease
 cardiac decompensation
 auricular fibrillation
 Date of onset

Other contributory causes of importance: cerebral thrombosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Edward J. ... M. D.

(Address) City Hospital No. 1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan
.....
Licensed Embalmer No. *1122*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.