

0. 2
10-39

SEP 25 1940

791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4157 Taft Ave
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLIAM H. BOXX

3. (b) If veteran, name war _____
3. (c) Social Security No. 488-09-5825

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Boxx
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 30 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ornamental Iron Worker

11. Industry or business Thomas Boxx

12. Name Missouri

13. Birthplace Pamella Krieger
(City, town, or county) (State or foreign country)

14. Maiden name Missouri

15. Birthplace Mary Boxx
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Boxx
(b) Address 4157 Taft Ave

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Aug. 24 1940
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Thor Kutis
(b) Address 2906 Graves Ave

19. (a) AUG 23 1940
(Date received local registrar) (b) J. B. Buehler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4157 Taft Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 2 day 21
year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from October 5, 1939 to Aug 21, 1940
that I last saw him alive on Aug 21 0-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of the arch of the aorta
Due to undetermined

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr. W. O. Fischer (M. D. or other) M.D.
Address 4009 a Chamberlain Ave
Date Aug 23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. O. Roscher
4009 7 Chouteau

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 _____

Leo Budde

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Leo Budde

Licensed Embalmer No. _____

3989

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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