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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30106

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7383

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1402 N 10th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Booten

3. (b) If veteran name war none SS. 497-10-9856 3. (c) Social Security No. unknown

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

6. (b) Name of husband or wife Ora Booten 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 26 (Day) 1884 (Year)

8. AGE: Years 56 Months 2 Days 1 If less than one day hr. min.

9. Birthplace ST Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Labor 9

11. Industry or business 9

FATHER
12. Name Charlie Booten
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie James
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Booten
(b) Address 3990 Papin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 S Toddard St

19. (a) SEP 3 1940 (Date received local registrar) (b) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1940 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from August 14, 1940 to August 27, 1940; that I last saw him alive on August 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease c̄ Decompensation	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

95 6

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 2601 N Whittier Date signed 8/30/40

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Bo

....., Registered Apprentice No. Myst

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 29

P. O. Address St Louis

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

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