

2  
3-40  
7-39  
K23159

Registration District No. 791

Primary Registration District No. 1003

PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(c) Name of hospital or institution: 1902 Montgomery St;  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years.  
In this community 40 Years.  
years, months or days

3. (a) PRINT FULL NAME Joseph Boll.

3. (b) If veteran, No. \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 497-01-1476.

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

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

7. Birth date of deceased Oct. 30th. 1883.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 11 15 hr. min.

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

10. Usual occupation Truck Driver.

11. Industry or business Niederlinghaus.

12. Name Christ Boll.

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

14. Maiden name Christina Gurin.

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

16. (a) Informant Birdie Boll.

(b) Address 1902 Montgomery St.

17. (a) Burial (b) Date thereof 10-17-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.  
19. (a) OCT 15 1940 (b) J. B. Bredbeck  
(Date received local registrar) (Name of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1902 Montgomery St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15<sup>th</sup>  
year 1940 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct  
12- 1940 to Oct-15- 1940  
that I last saw him alive on Oct 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
acute nephritis  
result of chr. nephritis

Duration

2 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations 131  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

23. Signature C. Basil Poor (M. D. or other)  
Address 1730<sup>th</sup> Franklin Date signed 10-15-40

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

MOTHER FATHER

In Room 1730<sup>a</sup> Franklin and  
12-3-6-8 3.M. 2711

**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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

**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, fact should be so stated above.**