

791

1003

State File No. _____

Registrar's No. 9452

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City NR
(If outside city or town limits, write "RURAL")
 (d) Street No. 1059 Colby Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lloyd O. Boswell

3. (b) If veteran, name war Spanish Am. 3. (c) Social Security No. 489-10-2785

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

6. (b) Name of husband or wife Charlotte Boswell 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 18 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>-</u>	_____ hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Fulton Iron Works

12. Name Llewellyn Boswell

13. Birthplace Dont Know Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Leighten

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charlotte Boswell

(b) Address 1059 Colby Ave.

17. (a) Burial (b) Date thereof Nov. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville Ill.

18. (a) Signature of funeral director Step L. Pleitach Inc

(b) Address 2946 Easton Ave.

19. (a) NOV 18 1940 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 18
 year 1940 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from April 25
1940, to Nov. 18, 1940

that I last saw him alive on Nov. 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Left Acherual Island
metastasis to Esophagus &
Left Bronchus - General
 Due carcinoma involvement of
glandular system
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy As above.

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) (Means of injury)

23. Signature H. L. Sibbs (M. D. or other) _____

Address 5298 Page Ave Date signed 11/18/40

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

FILED DEC 21 1940

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 9454

David C. Gibson

, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern Shore

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.