

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(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:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Hrs & 1/2  
(Specify whether  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME Wallace Boswell.

8. (b) If veteran, name war. NIL 3. (c) Social Security No. NIL

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 26th 1927  
(Month) (Day) (Year)

8. AGE: Years 13 Months 4 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business Student

12. Name Wallace BOSWELL

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

14. Maiden name Ruby Whitney

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

16. (a) Informant Stella Grady

(b) Address 5600 Arsenal St.

17. (a) BURIAL (b) Date thereof 12/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS

18. (a) Signature of funeral director Sudinger & Sons

(b) Address 3734 N. 20th St.

19. (a) DEC 5 1940 (b) J. H. Budeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo. 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212 Wright.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3  
year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/3  
1940 to 12/3 1940  
that I last saw him alive on 12/3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumococci Meningitis  
old fracture of the skull  
Due to suffered Nov 23 1939  
about 10:14 P.M. when  
Due to deceased was knocked  
from side of Bellefontaine  
by motor car operated by  
Frank Pauer Motorman  
Other findings:  
(Include pregnancy within 3 months of death)  
Major findings:  
- Of operations By the truck that  
was parked at curb on pro-  
Of autopsy of about 2819 N. 14 st

Duration

PHYSICIAN

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) Accidents

(b) Date of occurrence Nov 23 1939

(c) Where did injury occur? St Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Mall

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 5

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 2/5/40

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

**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 *Alfred J. Boedeker*

Licensed Embalmer No. *26603*

P. O. Address *4204 Prairie*

**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.**