

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8291

State File No. _____
Registrar's No. 3152

FILED APR 17 1947 91

Registration District No. _____ Primary Registration District No. 1003

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

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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: 4338th W. Belle Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days) 40

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis 11 7
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4338th W. Belle Pl
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Boaz

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>abt 69</u>				hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business (Unemployed)

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Phelomena Cable

(b) Address 4338th W. Belle Pl

17. (a) Burial (b) Date thereof 4-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mrs Dowe

(b) Address 1711 N. Taylor Ave

19. (a) APR 8 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Feb 4
_____ 1941 to Apr 4 1942
that I last saw her alive on April 2 1942
and that death occurred on the date and hour stated above.
Immediate cause of death chronic myocarditis Duration _____

Due to arteriosclerosis _____ 2

Due to chronic nephritis _____ 2

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

Major findings: 131
Of operations _____
Of autopsy 131

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) _____
(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 injury) (e) Means of injury _____
23. Signature Carl Alfano (M. D.) _____
Address 3348 Lafayette Date signed 4/6/42

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No..... 2114

P. O. Address.....

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, fact should be so stated above.