

FILED SEP 23 1942 318

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

Primary Registration District No. **1003**

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:  
**5830 Delor St.**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **5830 Delor St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bert Boaz**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **189-16-6567**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Frances Boaz** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **January 23rd, 1893**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Secy-Treasurer**

11. Industry or business **Boaz Kiel Construction Co.**

MOTHER FATHER { 12. Name **John Boaz**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clara Blackburn**  
15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bert Boaz**

(b) Address **5830 Delor St**

17. (a) Entombment \_\_\_\_\_ (b) Date thereof **9/15/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Mausoleum**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **6633 Clayton Road**

19. (a) **SEP 14 1942** (b) **J. J. Bullock**  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **11th.** year **1942** hour **About 9** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Illuminating Gas Poison;**  
when deceased was found seated on a foot stool with his head over two burners of gas stove and covered with a towel, in the basement of his home, 5830 Delor St., on Sept 12th, 1942, at 12:40 A.M., while suffering from temporary

Other conditions **mental aberration.**  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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) **Suicide**

(b) Date of occurrence **Sept. 12, 1942**

(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?  
**In Home**

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

23. Signature **Alfred J. ...** (M. D. or other) \_\_\_\_\_

Address **1300 Clark Ave.** Date signed **9/14**

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



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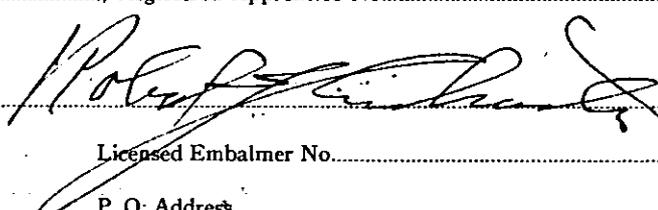
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No.....

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.**