

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28553

State File No.

Registration District No. 318

Primary-Registration District No. 1003

Registrar's No. 7985

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Mo. 15 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Florence Boice
3. (b) If veteran, name war. No.
3. (c) Social Security No. None.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Russell Boice 6. (c) Age of husband or wife if alive. Unknown years
7. Birth date of deceased. December 15 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 9 10 hr. min.

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

10. Usual occupation. Housewife.

11. Industry or business.

MOTHER FATHER { 12. Name. Emya Conner
13. Birthplace. Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name. Ella Grant.
15. Birthplace. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant. Joseph Wolpers.

(b) Address. 3526 N. 11th St.

17. (a) Burial (b) Date thereof. 9-28-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Valhalla Cem.

18. (a) Signature of funeral director. Hy. Leidner Und.Co.

(b) Address. 2223 St. Louis Ave.

19. (a) SEP 26 1942 (Date received local registrar) J. F. Busch (Registrar's signature)

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. 3526 N. 11th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,
year 1942 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from August 10, 1942, to September 25, 1942
that I last saw h.....er alive on September 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Far Advanced Pulmonary Tuberculosis Duration

Due to Tuberculosis of Pharynx

Due to

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

Major findings. Of operations

Of autopsy. Refused

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 place) (e) Means of injury.....

23. Signature C. S. Macke (M. D. or other) U

Address 1515 Lafayette Avenue, Date signed 9/25/42

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.....

John P. Buell
Licensed Embalmer No..... *1674*
P. O. Address..... *3223 St Louis Ave*

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.