

FILED JAN -5 1943 318

Primary Registration District No. 1003

Registrar's No. 10910

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:  
4409 ROSA AV  
(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. 4409 ROSA AV.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH BOARDMAN.

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 divorced WIDOW  
6. (b) Name of husband or wife ALBERT BOARDMAN 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JUNE 20 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN.

MOTHER FATHER  
12. Name unknown Lodick  
13. Birthplace Bohemia (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John M. Govern  
(b) Address 4409 ROSA AV

17. (a) BURIAL (b) Date thereof DEC 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director E. J. Schurer.

(b) Address 3125 Lafayette av.

19. (a) DEC 28 1942 (b) J. Z. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1942 hour 1 minute 10 A. M.  
21. I hereby certify that I attended the deceased from Dec 27 1942, to Dec 28 1942, that I last saw her alive on Dec 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 4 days  
Due to acute Bronch. Pneumonia 7 days

Due to.....  
Other conditions (Include pregnancy within 3 months of death) 70

Major findings: Of operations 11  
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).....  
(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) (c) Means of injury.....

23. Signature Adams Youngman (M. D. or other) Sy W  
Address 5439 Grandis Date signed 12/29/42

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..... *Joseph B. Vollmer* .....

Licensed Embalmer No *21014* .....

P. O. Address *3125 Lafayette 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.**