

U.S. No. 2
FORM-5-43
Rev. 5-17-39
P. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7254**
Registrar's No. **1852**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3822a Michigan Ave.
(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

3. (a) PRINT FULL NAME **Jacob Boesz**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **497 03 5800**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Josephine Boesz** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **July 25, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **6** **27** hr. min.

9. Birthplace **Austria Hungary** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Baker**

11. Industry or business **Wholesale Bakery**

12. Name **Don't Know** **4**

13. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Boesz**

(b) Address **3822a Michigan Ave.**

17. (a) **Burial** (b) Date thereof **2/26/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul Cm.**

18. (a) Signature of funeral director **Weick Bros. Undertaking Co.**
(b) Address **2201 1/2 Grand Bl.**

19. (a) **FEB 25 1945** (b) **J. J. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3822 Michigan Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **22**
year **1946** hour **7** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **Dec 6**, 19**45**, to **Feb 22**, 19**46**
that I last saw him alive on **Feb 22**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Skin & lymphatic gland of left Axilla**
Due to: Proliferation to Involvement of mediastinum
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

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? _____

23. Signature **Frank J. Lyons M.D.** (Specify type of place) (e) Means of injury _____
Address **39249 Grand Bl. St. Louis 18** Date signed **2/23/46**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Blanche
39245 Blanche

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 *Harry A. Blanche*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

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.