

FILED JUN 23 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County Mo
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hours (Specify whether
In this community Spofford
years, months or days)

3. (a) PRINT FULL NAME

(b) If veteran, name war female (c) Social Security No. Baby Boos

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 hr. _____ min. If less than one day

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name Joseph J. Boos Joseph
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Stanza Powell
15. Birthplace Doel Run Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Boos - Boos

(b) Address 6611 Barr

17. (a) Burial (b) Date thereof 6/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: J. F. Bredek

(b) Address 331 S. 4th

19. (a) JUN 23 1947 (b) J. F. Bredek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Northwest
(c) City or town name (If outside city or town limits, write "RURAL.") 96
(d) Street No. 6611 Barr (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour _____ minute 11:30 P. M.

21. I hereby certify that I attended the deceased from June 7 1947 to June 7 1947 1947
that I last saw him er alive on June 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Prenatality
Due to Premature labor cause Duration 1 mos
Due to unknown - Threatening

Other conditions (Include pregnancy within 3 months of death)

Major findings: 159
Boos operations

Of autopsy _____

Duration

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: 0

23. Signature John King (M. D. or other) 0
Address 671 E. Bay Blvd Rd Date signed 6/14/47
Weston Groves, Mo

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 _____

working under my personal supervision.

Was not embalmed

_____, Registered Apprentice No. _____

Signed *W. H. Fitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Wickwood, Mo*

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.