

FILED AUG 21 1947

1003

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 7565

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community

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. 1224 Blackstone
(If rural, give location)

(e) Citizen of foreign country?

If yes, name country

3. (a) PRINT FULL NAME Ruth Boerner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter F. Boerner

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 9, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	0	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Thomas Sligh

13. Birthplace Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Belle Calhoun

15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Boerner

(b) Address 1224 Blackstone Ave.

17. (a) burial (b) Date thereof 8/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 10 1947 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1947 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 5, 1947, 19... to August 9, 1947, 19... that I last saw her alive on August 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperpyrexia (Heat stroke)

Due to

Due to

Other conditions 191
(Include pregnancy within 3 months of death)

Major findings: Of operations 19

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) o.c.

(b) Date of occurrence

(c) Where did injury occur?

(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 J. F. Bradley (M. D. or other) 0

Address Barnes Hospital Date signed 8/9/47

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 *Albert R. Thompson Jr*

Licensed Embalmer No. *4257*

P. O. Address *H. Jones*

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.