

National Office of Vital Statistics  
FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12098

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:  
**City Sanitarium**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **7 mos 12 das.**  
(Specify whether  
**40 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, **Missouri** (b) County..... *ade*

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") *17*

(d) Street No. **4118 Concordia Ave**  
(If rural, give location) *9*

(e) Citizen of foreign country? **No** (Yes or No) *0*

If yes, name country.....

3. (a) PRINT FULL NAME **ANN BOSTER**

3. (b) If veteran, **No** name war.....

3. (c) Social Security No. **None**

4. Sex **female** <sup>5</sup> Color or race **white**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **August 7 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |   |    |  |
|----|---|----|--|
| 59 | 4 | 24 |  |
|----|---|----|--|

hr. min.

9. Birthplace **Germantown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Clemens Thiesing**

13. Birthplace **not known**  
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

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

16. (a) Informant **Shelvia Singler**

(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof **1/3/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Resurrection Cem**

18. (a) Signature of funeral director **James J. Hoffmann**

(b) Address **4016 Chipmunk**

19. (a) **JAN 3 1948** (b) **J. F. Brubaker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31**  
year **1947** hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 19, 1947** to **Dec., 31 1947**  
that I last saw her alive on **Dec., 31, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cerebral Hemorrhage**  
**Cerebral Arteriosclerosis**

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy **No**

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?.....  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Paul T. Hartman** (M. D. or other)

Address **5400 Arsenal St** Date signed **12/31/47**

Duration

**1 da.**  
**1947x.**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

*G. W. Wilburson*

Licensed Embalmer No.

3575

P. O. Address \_\_\_\_\_

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.