No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10000

FILED APR 7 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2961

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: 5402 Page Blvd. (If not in hospital or institution, write street number or location)

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

In this community

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. 5402 Page Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Scott Boode

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Luella Boode Simon

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

7. Birth date of deceased January (Month) 25 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
81	2	1	hr. min.

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

10. Usual occupation Metal Spinner

11. Industry or business retired

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Herzog
(b) Address 5402 Page Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 26 1948 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th year 1948 hour 3:15 minute A.M.

21. I hereby certify that I attended the deceased from 2/5/45, 19, to 3/26/48, 19; that I last saw him alive on 3/25/48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 yr.
Due to: Hypertension	7 yr.
Due to: Nephritis	2 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work (e) Means of injury

23. Signature Charles H. Harris MD (M.D. or other) Date signed 3/26/48

Address 5248a Page

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Charles W. Harris (/-1)
Page & Union

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 Warren G. Carver

Licensed Embalmer No. 3534

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.