

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36194**
Registrar's No. **9255**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9255	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald Boone Township 0360		d. STREET ADDRESS (If rural, give location) Rural route #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6043 Clemens Avenue							
3. NAME OF DECEASED (Type or Print) a. (First) Andrew		b. (Middle) William		c. (Last) Boston		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1872		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 80	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (State or foreign country) Gerald, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joshawa Boston		13b. MOTHER'S MAIDEN NAME Emily Fitzgerald		14. NAME OF HUSBAND OR WIFE Mary Boston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Boston 10590 Jackland-Rd-Overland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 09-20 , 19 52 , to 10-5 , 19 52 , that I last saw the deceased alive on 10-4 , 19 52 , and that death occurred at 11:00 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul W. Wevermann MD				23b. ADDRESS 634 N. Grand Ave		23c. DATE SIGNED 10-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-8-1952	24c. NAME OF CEMETERY OR CREMATORY Beouff Cemetery		24d. LOCATION (City, town, or county) (State) Gerald, Mo.		
DATE REC'D BY LOCAL REG. OCT 6 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Raymann Broome		ADDRESS 2504 Woodson Rd - Overland - 11 - Mo.	

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Rd

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.