

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4249**XC15175820
REG #107994BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **318**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
c. LENGTH OF STAY (in this place) 9 DAYS		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS (If rural, give location) 1901 E. GRAND	

3. NAME OF DECEASED (Type or Print)	a. (First) THEODORE	b. (Middle) A	c. (Last) BOSS JR.	4. DATE OF DEATH (Month) (Day) (Year) 1-29-53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-11-13	9. AGE (in years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER	10b. KIND OF BUSINESS OR INDUSTRY TAXI CAB COMPANY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THEODORE A. BOSS SR	13b. MOTHER'S MAIDEN NAME ISABEL HILDEBRAND	14. NAME OF HUSBAND OR WIFE GRACE BOSS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 497162036	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE WITH DEATH IN CARDIAC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **1-20-53**, 19__, to **1-29-53**, 19__, that I last saw the deceased **XXXXXX** and that death occurred at **2:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Harriet P. Donohue	(Degree or title) MD	23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 1-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan. 31st, 1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. 1-30-53	REGISTRAR'S SIGNATURE Harriet P. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE Maeger-Fenwick	ADDRESS 3402 E. Kingdhighway
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas R. Jewnik

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kensington

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.