

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2064

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ARBOR TERRACE</b>		c. CITY OR TOWN <b>ARBOR TERRACE</b>	
c. LENGTH OF STAY (in this place) <b>3 YRS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6802 FAIRCHILD</b>		e. STREET ADDRESS (If rural, give location) <b>6802 FAIRCHILD #1580</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>G.</b>	b. (Middle) <b>FRANK</b>	c. (Last) <b>BOSTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-29-1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV-20-1869</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER YEAR <b>10</b>	11. UNDER MONTHS <b>9</b>	12. UNDER DAYS <b>10</b>	13. UNDER HOURS <b>9</b>	14. UNDER MIN. <b>10</b>
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10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MEDECINE CREEK-IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>SIRUS BOSTON</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCIS FLICK</b>	14. NAME OF HUSBAND OR WIFE <b>IDA BOSTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marjorie Chamness Fairchild</b>	18. ADDRESS <b>6802 FAIRCHILD</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis, general</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4221</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 20, 1953**, to **Sept 29, 1953** that I last saw the deceased alive on **Sept 29, 1953**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Howard Berche</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>10-1-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT-2-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUMMERSVILLE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>SUMMERSVILLE - MO</b>
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DATE REC'D BY LOCAL REG. <b>10/1/53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Slonke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L.B. Tanner</b>	ADDRESS <b>6107 Natural Bridge</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Fred J. Starnes*.....  
Licensed Embalmer No. *478*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.