

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35284

FILED OCT 16 1956

State File No.

318

1003

8868

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		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 <u>St. Louis Chronic Hosp.</u>			
e. STREET ADDRESS (If rural, give location) <u>1305800 Arsenal St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Charles</u> c. (Last) <u>Boss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-1956</u>		
---	--	--	---	--	--

5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10-11-1884</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____		IF UNDER 15 MIN. Min. _____	
--------------------	--	-------------------------------	--	--	--	------------------------------------	--	---	--	----------------------------	--	----------------------------	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>Ernest Boss</u>		13b. MOTHER'S MAIDEN NAME <u>Marie ?</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>	
---------------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, 5800 Arsenal St.</u>		ADDRESS _____	
--	--	-------------------------------------	--	---	--	---------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
		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.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
---	--	--	--	----------------------------------	--

22. I hereby certify that I attended the deceased from 4-22-47, 19____, to 9-26-56, 19____, that I last saw the deceased alive on 9-26-56, 19____, and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>George M. Jencks, M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>Sept. 26, 1956</u>	
--	--	--------------------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>9/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VATHALLA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>	
--	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>SEP 26 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>4946</u> ADDRESS <u>Bronschwig St / W.F. ORISSANT</u>	
---	--	--	--	---	--

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 357

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