

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GAZCONADE
Township ROARK
City (No.)

Registration District No. 303
Primary Registration District No. 5420

File No. 10699
Registered No.
St. Ward

2. FULL NAME LOUISE BOESCH 200

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JACOB BOESCH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 4 - 1857

7. AGE YEARS 80 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

FATHER 13. NAME FREDERICK H PROETT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME NEE Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Henry D. Boesch (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE BWIS 8, 170 DATE 3/13 1938

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER, MO

20. FILED 3-12 1938 Anna R. Riehoff Registrar

MEDICAL CERTIFICATE OF DEATH 3am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 10, 1938

22. I HEREBY CERTIFY That I attended deceased from February 25, 1938, to March 10, 1938
I last saw him alive on March 5, 1938. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

cerebral apoplexy Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John Engelbrecht, M. D.
Stoughton, Mo. (Address)

