

1939 JUN 13 1939

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

18576  
Do not use this space.

1. PLACE OF DEATH

(a) County Boonville Registration District No. 200  
(b) Township Boonville Primary Registration District No. 5417 Registered No. 7  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Margaret Bocher  
(a) Residence, No. Boonville Mo St.  (If nonresident, give city or town and State)

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 Gottlob Bocher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 4 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc. Home

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) St Louis Mo

13. NAME Christopher Page

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donot know

15. MAIDEN NAME Catherine Lammert

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

17. INFORMANT Mrs. Edna Huber  
(ADDRESS) 4235 Randall St. St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Zions DATE 4-15 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral H. Co.  
3710 N. Grand St.

20. FILED 4/12- 39 J. S. Matthews  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 22 1935 to Apr 12 1939  
I last saw her alive on Apr 11 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis 4-8-39  
Chronic Myocarditis  
Date of onset 4-8-39

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) J. S. Matthews, M. D.  
Beaufort, Mo  
(Address) \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul P. Probst*

Licensed Embalmer No.....

*1578.*

P. O. Address.....

*St Louis Mo*

**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, above space should be left blank.**