No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5450

State File No. 1698

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5506 Louisiana Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 5506 Louisiana Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clara Boschert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter Boschert

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 14, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Gerhart Hafertepe

13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Kohle

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Boschert

(b) Address 5506 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Delmar Blvd.

19. (a) FEB 22 1941 (Date received local registrar) (b) J. M. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 8, 1941, to Feb. 21, 1941, that I last saw her alive on Feb. 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of both Lungs	about 3 months
Due to	
Due to	
Other conditions Toxic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Geo. A. Young (M. D. or other)

Address 2621 S. Jefferson Date signed 2/22/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. P. Young.
2621 S. Jefferson
La. 3585 (Lewis) Riv 3785
10:00

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 Raymond Hoemann, Registered Apprentice No. 275 working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4618

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.