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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 6

Registration District No. 509

Primary Registration District No. 4454

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Portage Des Sioux
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Portage Des Sioux
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Henry Boschert

3. (b) If veteran, name war None 3. (c) Social Security No. 328-07-7330

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmina Ludwig 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 1, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Roman Boschert

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Helena Hund
(City, town, or county) (State or foreign country)

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

16. (a) Informant Kerry Boschert

(b) Address St Louis Mo.

17. (a) Burial (b) Date thereof Sept. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Cemetery

18. (a) Signature of funeral director Hackmann Rose

(b) Address St Charles Mo.

19. (a) Sep. 8-43 (b) Rose Barnard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1943 hour 10 minute - A. M.

21. I hereby certify that I attended the deceased from August 30, 1943, to August 31, 1943 that I last saw him alive on August 31, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to hypertension 10 years

Due to arteriosclerosis 10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. G. Bernard (M. D. or other) _____
Address Portage Des Sioux Date signed 9/25/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

72
00

by Sub.

OCT 17 1944

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 *Arthur C. Bane*

Licensed Embalmer No. *5154*

P. O. Address *St Charles 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, fact should be so stated above.