

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12252

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 16

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
161 N. MAIN 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE GENEVIEVE ⁹⁵

(c) City or town STE GENEVIEVE ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 161 N. MAIN
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY ANN BOLDOC

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CLOVIS PAUL BOLDOC 6. (c) Age of husband or wife if alive D. years

7. Birth date of deceased NOV. 29TH 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace STE GENEVIEVE, MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name FRANK BEAUCHAMP

13. Birthplace STE GENEVIEVE, MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY LABRYERE

15. Birthplace STE GENEVIEVE, MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PHILIP NAEGER

(b) Address STE GENEVIEVE, MO

17. (a) BURIAL (b) Date thereof MARCH 26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY-STE GEN

18. (a) Signature of funeral director Jerry Stanton Mortuary

(b) Address Ste Genevieve, Mo

19. (a) Mar 25/44 (b) T.W. Douglas
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24TH
year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar-18- 1944 to Mar-24- 1944
that I last saw her alive on Mar 23- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with hypertension

Due to Chronic Ischemic Heart Disease with hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/a

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Robert A. Lanning (M. D. or other) _____
Address Ste Genevieve, Mo Date signed 3/24/44

Physician
1 pm
2 pm
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 41
District File Number 448-3688
Date Filed 4-7-48

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.....

Licensed Embalmer No. 4084

P. O. Address Larnington

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

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