

S. No. 2
DM-5-43
v. 5-17-39
I X36677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6840**

FILED FEB 18 1946

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **25**

2
9
3
5791

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, with street number or location)

(d) Length of stay: In hospital or institution 1 month 14 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 560 Morgan Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anthony Boschert

3. (b) If veteran, name war NIL

3. (c) Social Security No. 498-05-7736

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1946 hour 9:30 minute A. M.

4. Sex male **5. Color or race** white

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

6. (b) Name of husband or wife Celeste (Chrismer) Boschert deceased

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

7. Birth date of deceased August 18, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1945 to Jan 29, 1946

that I last saw him alive on Jan 29th, 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death
Vit. es. Pneumonia and influenza

Due to Valvular disease of Heart

Due to Chronic General Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

7 weeks

8 years

15 years

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

10. Usual occupation Day Laborer

11. Industry or business American Car & Foundry Co

12. Name Charles Boschert

13. Birthplace St. Charles, Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna R. Weber

15. Birthplace St. Charles, Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Chrismer (sister)

(b) Address 810 N. Benton-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** Feb 1-1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borroweo

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Feb 2-46 (Date received local registrar) **(b) Faume Hamer** (Registrar's signature)

Major findings:

Of operations _____

Of autopsy BBB

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 _____

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

Signature C. A. Barnard (M. D. or other)

Address St Charles Mo **Date signed** 1/30/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-15-46

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.....

Philip A. Miceli

Registered Apprentice No. 388

working under my personal supervision.

Signed

John E. Dallmeyer

Licensed Embalmer No. 2951

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.