

FILED MAR 31 1947

318

Primary Registration District No. _____

1003

Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2300 S. Grand Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3803 Botanical
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Thomas Boischel
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-26-3252

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

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

7. Birth date of deceased Feb. 8, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 1 8 hr. min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Kroger Warehouse

12. Name John Boischel

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

14. Maiden name Mary Jane Woods
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Boischel

(b) Address 4 1/4 Chouteau Ave.,

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 18 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 10:00 AM minute 12 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to Hypertension
Due to a

Other conditions 1/2/1
(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 2
23. Signature Patrick Taylor (M. D. or other) 2
Address Deputy Coroner Date signed 3/18/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Flora Eynck

Licensed Embalmer No..... 1284.....

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, fact should be so stated above.