

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12094

State File No. _____

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Madison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Boesch

3. (b) If veteran, name war 1st 3. (c) Social Security No. _____

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

(b) Name of husband or wife Sophia Heseman Boesch 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 22 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Rural-letter Carrier

11. Industry or business

12. Name Jacob Boesch

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

14. Maiden name Drewel

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

16. (a) Informant Mrs. Andrew Boesch

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director W. H. Venter
Owensville, Mo.

(b) Address _____

19. (a) 4-30-48 (b) Dorothy Backman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11-7, 1947, to 4-10, 1948;
that I last saw him alive on 4-8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis - Duration 5 min

Chronic Myocarditis With Decompensation 6 mos

Due to _____

Other conditions Arteriosclerosis 2 yrs.

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None 937

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 Paul Brown (M. D. or other) M.D.

Address Owensville, Mo. Date signed 4-13-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 13 1948

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
Harvey Kahle, Registered Apprentice No. 9,
working under my personal supervision.

Signed *Melford A. A. Winter*
Licensed Embalmer No. 3838
P. O. Address Owensville, 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.