

FILED DEC 29 1948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41175

State File No.

92
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3

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>245</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		92 ci	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St/ Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2243 North Third Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Boschert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1948</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 20 1880</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.&F.St.Chas.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Raymond Boschert</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Boschert</u>		14. NAME OF HUSBAND OR WIFE <u>Alice(Canell)Boschert</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-01-0127</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester Boschert St.Charles, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>137W</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Past operative shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophied Prostate</u> DUE TO (c) <u>operative removal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
19a. DATE OF OPERATION <u>Dec 17-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>48</u> to <u>Dec 17</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>48</u> , and that death occurred at <u>12-45 P.</u> , from the causes and on the date stated above. (1)							
23a. SIGNATURE (Degree or title) <u>Verment A. Schneider MD</u>				23b. ADDRESS <u>207W 5th St Charles Mo</u>		23c. DATE SIGNED <u>Dec 18-48</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 20-1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-21-48</u>		REGISTRAR'S SIGNATURE <u>Harriet Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. Dallmeyer & Sons St. Charles, Mo.</u>			

RECEIVED
Director Health Officer No. 5
DEC 27 1948
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Herbert C. Dallmeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 4546

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.