

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18236

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE. GENEVIEVE		c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) STE. GENEVIEVE		95
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			d. STREET ADDRESS (If rural, give location) 355 JEFFERSON ST		

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LOUISE c. (Last) BOILLOT			4. DATE OF DEATH (Month) (Day) (Year) MAY 31 1949		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV 28 1869	9. AGE (In years last birthday) 80	10. MONTHS 79	11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN SCHAEFER		13b. MOTHER'S MAIDEN NAME ELIZABETH BLANCHARD		14. NAME OF HUSBAND OR WIFE ALEX BOILLOT	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Schaefer, Ste. Genevieve Mo			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					45

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Apr. 28, 1949, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur E. Schaefer M.D.		23b. ADDRESS Ste. Genevieve Mo		23c. DATE SIGNED 5-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 3 1949	24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
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DATE REC'D BY LOCAL REG. June 11, 1949	REGISTRAR'S SIGNATURE L. D. Karl for Miss M. Karl	FUNERAL DIRECTOR'S SIGNATURE Geo. C. Bach	ADDRESS Ste. Genevieve Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

Coroner File Number 649-801

Date Filed 6-14-49

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. 311

working under my personal supervision.

Student Adrian J. Eller  
Student Embalmer

Signed Lea C. Baxter

Licensed Embalmer No. 1985

P. O. Address St. Augustine 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.