S. No. 300
10-48

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24482

State File No. .....

BIRTH NO. _____ REG. DIST. NO. ~~756~~ 309 PRIMARY REG. DIST. NO. 4455 Registrar's No. 9

92 0 0

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

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portage des Sioux
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pallisades Yacht Club 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portage des Sioux 92 0 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joyce b. (Middle) Charles c. (Last) Boschert

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1949

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: ~~August~~ July 28, 1926

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Yacht Club

11. BIRTHPLACE (State or foreign country): St. Charles, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George A. Boschert

13b. MOTHER'S MAIDEN NAME: Gusina LeClaire

14. NAME OF HUSBAND OR WIFE: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-26-8395

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: George A. Boschert-Portage des Sioux

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): electrocution

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): an accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: E 9146 9

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Yacht Club

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Portage DeSioux St. Chas. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 28th '49 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? While using electric drill 82

22. *I hereby certify that I ~~attended the deceased from~~ had inquest 7/28/49 19__, to _____, 19__ ~~that I last saw the deceased alive on 19__~~, and that death occurred at 5:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marie Muschig Corone 13

23b. ADDRESS: Wentzville Mo

23c. DATE SIGNED: 8-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 1, 1949

24c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery

24d. LOCATION (City, town, or county) (State): Portage des Sioux, Mo.

DATE REC'D BY LOCAL REG.: Aug 1st 1949

REGISTRAR'S SIGNATURE: H W Grasser 364 0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H. C. Dallmeyer + Sons Co 800 N. 2nd—St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1950

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 me, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Joseph I. Landolt

Licensed Embalmer No. 4189

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.