

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38535

State File No. _____
Registrar's No. 10520

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 10520					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5733 Labadie Ave							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced Dead on Arrival at City Hospital													
3. NAME OF DECEASED (Type or Print) a. (First) Alfred			b. (Middle) _____			c. (Last) Boll			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 16, 1866		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Metal Polisher		11. BIRTHPLACE (State or foreign country) Switzerland			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Rochlie Boll				13b. MOTHER'S MAIDEN NAME Barbara Sidler				14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-16-9910		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl A. Rechten				ADDRESS 5733 Labadie Ave					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Valvular Heart Dis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ne.								INTERVAL BETWEEN ONSET AND DEATH 4 da. Indefinite			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 9200					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4210									
22. I hereby certify that I attended the deceased from Nov. 29, 1949, to Dec. 3, 1949, that I last saw the deceased alive on Dec 2, 1949, and that death occurred at 4:45 P.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) R. J. Rigler M.D.				23b. ADDRESS 4458 Newstead av.				23c. DATE SIGNED 12/5-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12-7-49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri							
DATE REC'D BY LOCAL REG. DEC 7		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave							

WRITE PLAINLY—USING 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 _____

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

Student
Student Embalmer

Signed *Walter H. Burnley*
.....
Licensed Embalmer No. *1702*

P. O. Address *Howe Ave*

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.