

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22233

State File No.

FILED JUN 17 1950

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 1329	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.		c. LENGTH OF STAY (In this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 4980 Neosho St.			
3. NAME OF DECEASED (Type or Print) BERTHA		a. (First)		b. (Middle) A.		c. (Last) BOENTE	
4. DATE OF DEATH (Month) (Day) (Year) May 31 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Sep't. 16, 1871		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Beller		13b. MOTHER'S MAIDEN NAME Anna Unknown	
14. NAME OF HUSBAND OR WIFE Late Bernard Boente		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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore J. Boente 4980 Neosho St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" Embolism Cerebral				INTERVAL BETWEEN ONSET AND DEATH 5 min.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis and Pyelitis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fracture Hip, left & Fracture right wrist.		DUE TO (b) Fracture Hip, left & Fracture right wrist.	
DUE TO (c) Cardio Vascular Disease						9030	
19a. DATE OF OPERATION 3/5/50				19b. MAJOR FINDINGS OF OPERATION Hip Nailing.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT X SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/ 28/ 1950 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Turned and fell fractured Hip & wrist.			
22. I hereby certify that I attended the deceased from March 1, 1950 , to May 31, 1950 , that I last saw the deceased alive on May 31, 1950 , and that death occurred at 2:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>James J. Wade</i>				23b. ADDRESS 1534 North Grand		23c. DATE SIGNED 6/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JUN 2 1950		REGISTRAR'S SIGNATURE <i>Robert Alonzo ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

Ms. Katherine [unclear]

See Form

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Edwin M. Serwatt

Licensed Embalmer No. _____

3024

Signed _____
Student Embalmer

P. O. Address _____

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.