

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5884

State File No. 1756

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) 2127 OR TOWN ST LOUIS	
c. LENGTH OF STAY (In this place) YEARS		d. STREET ADDRESS (If rural, give location) 5083 WASHINGTON BLV'D	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5083 WASHINGTON BLV'D.			

3. NAME OF DECEASED (Type or Print) a. (First) CLARISSA b. (Middle) JANE c. (Last) BOEHNKEN.			4. DATE OF DEATH FEB. 17th, 1951 (Month) (Day) (Year)			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH AUGUST 10, 1856	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) DAVENPORT, IOWA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME REV. ALFRED LOUDERBACK		13b. MOTHER'S MAIDEN NAME SUSAN OPHELIA HARTON		14. NAME OF HUSBAND OR WIFE EDWARD H. BOEHNKEN, DEC'D.	
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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 OLGA H. BOEHNKEN 5083 WASHINGTON BLV'D.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 47 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brainial artery aneurism</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis - atherosclerosis</u>				many years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>HIT</u>	
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22. I hereby certify that I attended the deceased from 2:13, 1951, to 2:17, 1951, that I last saw the deceased alive on 2:17, 1951, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frances R. Ritchie M.D.</u>		23b. ADDRESS <u>5233 Watkinson Cr.</u>		23c. DATE SIGNED <u>2-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 26, 1951		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) West Philadelphia, Pa.	
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DATE REC'D BY LOCAL REG. FEB 22 1951		REGISTRAR'S SIGNATURE <u>J. B. Santos</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON AND SONS 7233 DELMAR BLV'D.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1951

M. F. W.

JUN 20 1951

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 Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.