

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19659

State File No.

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 442 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u> b. (Middle) <u>M</u> c. (Last) <u>BOESCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>5-2-1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months Days IF UNDER 2 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>NORMAN HOEFMASTER</u>	
13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Boesch</u>		ADDRESS <u>St. Louis</u>	
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) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>10 yrs.</u> DUE TO (c) <u>Arteriosclerosis</u> <u>10 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>*</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?		22. I hereby certify that I attended the deceased from <u>6/20</u> , 19 <u>51</u> , to <u>6/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/20</u> , 19 <u>51</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H.P. Fowle</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Brunswick, Missouri</u>	
23c. DATE SIGNED <u>6/21/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		24e. NAME OF CEMETERY OR CREMATORY <u>St. Louis Mo</u>	
24f. DATE REC'D BY LOCAL REG. <u>6-21-51</u>		24g. REGISTRAR'S SIGNATURE <u>Mildred B. ...</u>	
24h. REGISTRAR'S SIGNATURE <u>56</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brunswick Mo</u>	
24i. DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1951

261 0 E. N. OF.

Date Received: JUN 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-11
Date Filed: JUN 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

L. M. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 823

P. O. Address _____

Dr. [Signature]

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.