

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28061**
Registrar's No. **7506**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 16yrs		d. STREET ADDRESS (If rural, give location) 758 Goodfellow	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bernice b. (Middle) Lee c. (Last) Boeschstein			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/19/1909	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Louisburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Floyd B. Lee	13b. MOTHER'S MAIDEN NAME Lillie McDowell	14. NAME OF HUSBAND OR WIFE Charles K. Boeschstein
--	--	---

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 Charles K. Boeschstein	ADDRESS 758 Goodfellow
--	-------------------------------------	---	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 7 days 8 weeks 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pericardial effusion & pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma DUE TO (c) primary carcinoma of breast		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	----------------------------------	--

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)
--	--	---

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 1/10X
--	--	--

22. I hereby certify that I attended the deceased from July, 1950, to Aug 22, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 3:10 AM, from the causes and on the date stated above.

23a. SIGNATURE Paul D. Silvermintz M.D.	(Degree or title)	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 8/22/51
--	-------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremeration	24b. DATE Aug. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. AUG 23 1951	REGISTRAR'S SIGNATURE Paul D. Silvermintz M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	ADDRESS 6175 Belmar
---	---	--	----------------------------

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.