

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 840

FILED FEB 1 1952

BIRTH NO.

REG. DIST. NO. 119

PRIMARY REG. DIST. NO. 4193 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		0371	
d. FULL NAME OF HUSBAND OR INSTITUTION (If not in hospital or institution, give street address or location) Guttenberg Street				d. STREET ADDRESS (If rural, give location) Guttenberg Street			
3. NAME OF DECEASED (Type or Print) Maggie		a. (First)		b. (Middle)		c. (Last) Boesch	
4. DATE OF DEATH		(Month) Jan		(Day) 17		(Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH Jan. 11, 1868		9. AGE (In years last birthday) 84	
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) Swiss		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Jacob Michel		13b. MOTHER'S MAIDEN NAME Mary Philipp		14. NAME OF HUSBAND OR WIFE Adolph Boesch, Sr.			
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 Adolph Boesch, Sr. Hermann, Mo.			
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) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 Jan. 5, 1950, to Jan. 17, 1952, that I last saw the deceased alive on Jan. 17, 1952, and that death occurred at 5:06 p. m., from the causes and on the date stated above.							
23a. SIGNATURE W. O. O.		(Degree or title)		23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 1/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-52		24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann Mo.	
DATE REC'D BY LOCAL REG. 1-19-52		REGISTRAR'S SIGNATURE W. O. O.		25. FUNERAL DIRECTOR'S SIGNATURE August H. Bremer		ADDRESS Hermann, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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_____

Hugot Blumer

Signed.....
Student Embalmer

Licensed Embalmer No..... 3160

P. O. Address_____ Hermann, 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.