

No. 300  
10.48

STANDARD CERTIFICATE OF DEATH

9556

State File No. ....

FILED MAR 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Dardenne</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Dardenne</u> <u>0930</u>	
c. LENGTH OF STAY (In this place) <u>11 years</u>		d. STREET ADDRESS (If rural, give location) <u>At Parkway Highway 40-61</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dardenne</u>			

3. NAME OF DECEASED (Type or Print) <u>Catherine</u>	a. (First)	b. (Middle)	c. (Last) <u>Boerding</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August Kruse</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown) Eckler</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Boerding</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Boerding</u>	ADDRESS <u>O'Fallon, Mo.</u>
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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 <u>6 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</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) _____		
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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1947, to March, 1952, that I last saw the deceased alive on 3/11, 1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Mc Murray M.D.</u>	(Degree or title)	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>3/10/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dardenne Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Dardenne, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 15-52</u>	REGISTRAR'S SIGNATURE <u>E.A. Keithly</u> <u>280-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Muehony</u>	ADDRESS <u>Wentzville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student .....  
Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.