

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9711**
Registrar's No. **2071**

FILED MAR 24 1952

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 2049	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 6150 Oakland Avenue, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Sister Charlotte		b. (Middle)		c. (Last) Boekhaus		4. DATE OF DEATH (Month) (Day) (Year) March 3rd, 1952	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married //	8. DATE OF BIRTH Aug. 12th, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaconess Sister		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Adams County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME August Boekhaus		13b. MOTHER'S MAIDEN NAME Philippine Bicker		14. NAME OF HUSBAND OR WIFE None			
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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 Sister Olivia Drusch, 6150 Oakland Avenue			
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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 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular Disease						
	ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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				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? H221	
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22. I hereby certify that I attended the deceased from **Feb. 15, 1952, to March 3, 1952**, that I last saw the deceased alive on **March 3, 1952**, and that death occurred at **5:15p m.**, from the causes and on the date stated above.

22a. SIGNATURE <i>Verence E. Muecke</i>		(Degree or title) M.D.		23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 3-4-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Rail		24b. DATE 3/4/52		24c. NAME OF CEMETERY OR CREMATORY Quincy, Illinois Cemetery		24d. LOCATION (City, town, or county) (State) Quincy, Illinois	
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DATE REC'D BY LOCAL REG. MAR 4 1952		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1953

Missouri Theatre Bldg.,
Grand & Lucas Avenues,

SE 7469

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

John A. Ambrose

Licensed Embalmer No. *4186*

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.