

FILED MAY 3-1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14059**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3480**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 11 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webster Groves, 4589	
		d. STREET ADDRESS (If rural, give location) 1001 Big Bend Blvd. 1	

3. NAME OF DECEASED (Type or Print) Anna			a. (First)	b. (Middle)	c. (Last) Boegle	4. DATE OF DEATH (Month) (Day) (Year) April, 11, 1952		
--	--	--	------------	-------------	-------------------------	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 28, 1867	9. AGE (In years last birthday) 84		IF UNDER 1 YEAR	IF UNDER 24 HRS.
----------------------	-------------------------------	--	--	---	--	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME Joseph Boegle		13b. MOTHER'S MAIDEN NAME Kathryn Kraft		14. NAME OF HUSBAND OR WIFE Single	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Isabel Kolbe, 2647 Roanoke Ave. Dayton Ohio		ADDRESS	
--	--	-------------------------	--	--	--	---------	--

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) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis				Chr	
		DUE TO (c) Carcinoma Rt 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? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201 H	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from **Mar 31, 1952**, to **Apr 11, 1952**, that I last saw the deceased alive on **Apr 11, 1952**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 105 W. Lockwood, Web. Gro.		23c. DATE SIGNED 4-14-52	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-15-1952		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	--	----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	
--	--	---	--	--	--

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

801

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.....

Licensed Embalmer No. 3882

P. O. Address St Louis

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.