No. 300
10-48

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21757

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5606

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 6-18-52

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (If in place) 2 MONTHS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2019

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hosp.
d. STREET ADDRESS (If rural, give location) 7615 a Ivory Av

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Boerschig c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 6-16-52

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 2, 1901
9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bartender
10b. KIND OF BUSINESS OR INDUSTRY unemployed
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Boerschig
13b. MOTHER'S MAIDEN NAME Anna Hallerkamp
14. NAME OF HUSBAND OR WIFE Bernice Boerschig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Boerschig, 7615a Ivory

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Pharynx — INTERVAL BETWEEN ONSET AND DEATH 6 mo

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
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 148X

22. I hereby certify that I attended the deceased from 8/13, 1951, to June 16, 1952, that I last saw the deceased alive on 8/15, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE Owen J. McFarlane (Degree or title) M.D.
23b. ADDRESS 7619 Ivory
23c. DATE SIGNED June 16, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/19/52
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. JUN 17 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Tendales

Licensed Embalmer No. 4148

P. O. Address Arnold, 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.