

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 22732
Registrar's No. 5603

BIRTH NO. _____ REG. DIST. NO. _____ 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) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) 13 yrs | | c. CITY OR TOWN St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3711a Cass Ave | | e. STREET ADDRESS (If rural, give location) 3711a Cass Ave 2119 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Frances c. (Last) Boschert | | | 4. DATE OF DEATH (Month) (Day) (Year) June 3 1953 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Aug. 4 1879 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME David Boschert | | 13b. MOTHER'S MAIDEN NAME Louise Boege | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Boschert 3711a Cass Ave | |
| 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 Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Sclerosis of cerebral Arteries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks 4 yrs |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 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? 331X | |
| 22. I hereby certify that I attended the deceased from Jan 10, 1952, to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) J. E. Jones M.D. | | | 23b. ADDRESS 110 South Central Mo | | 23c. DATE SIGNED June 4 1953 |
| 24a. BURIAL / CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE June 5 1953 | 24c. NAME OF CEMETERY OR CREMATORY St Peters | | 24d. LOCATION (City, town, or county) (State) St Louis County Mo. |

DATE REC'D BY SOCIAL REG. JUN 5 1953

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

5.P. (Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur C. Bane*.....

Licensed Embalmer No. *2151*

P. O. Address *A. Chulavita*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.