U.S. No. 200
Rev. 10-48

4000

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 - 1953

State File No. 37877

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2628

1. PLACE OF DEATH
a. COUNTY: Villa Gem, St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ferdinand's
c. LENGTH OF STAY (In this place): Ten years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Villa Gem

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ferdinand
d. STREET ADDRESS (If rural, give location): 11755 Riverview Drive

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Sister Mary Agnella Boschert

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married Single
8. DATE OF BIRTH: October 8, 1865
9. AGE (In years last birthday): 88 years
If under 1 year: Months / Days: lacking 2 days
If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (City and State or Foreign Country): St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Boschert
13b. MOTHER'S MAIDEN NAME: Barbara Leible
14. NAME OF HUSBAND OR WIFE: Unmarried

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Sister Mary Loyola
ADDRESS: 11755 Riverview Drive

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): Acute streptococcus infection — INTERVAL BETWEEN ONSET AND DEATH: 5 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rt. foot Septicemia — 3 days
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Myocarditis — 10 yrs.

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?

22. *I hereby certify that I attended the deceased from* May, 1948, *to* Oct 6, 1953, *that I last saw the deceased alive on* 10-6, 1953, *and that death occurred at* 8:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Weyrich (Degree or title): MD
23b. ADDRESS: 8321 N. Broadway
23c. DATE SIGNED: 10-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Villa Gem Cemetery
24d. LOCATION (City, town, or county) (State): 11755 Riverview Drive, St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 10/10/53
REGISTRAR'S SIGNATURE: Hedwig B. Henkenhaffe
25. FUNERAL DIRECTOR'S SIGNATURE: Bendler Und. Co.
ADDRESS: 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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

balm

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Wichita

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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.