

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17014

State File No. _____

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY OR TOWN <u>RURAL ST. CHARLES</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ST. CHARLES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIEPER'S BRIDGE RD</u>		d. STREET ADDRESS (If rural, give location) <u>R 2, BOX 260</u> 0920	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAY</u>	b. (Middle) <u>A</u>	c. (Last) <u>BOSCHERT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 23 1941</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>12 11 14</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURY</u>	12. CITIZEN OF WHAT COUNTRY? <u>S.A.</u>
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13a. FATHER'S NAME <u>ANDREW J. BOSCHERT</u>	13b. MOTHER'S MAIDEN NAME <u>DOROTHY E. HOFFELMANN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X ANDREW J. BOSCHERT</u>	ADDRESS <u>R. 2 ST. CHARLES MO.</u>
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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, ashenia, 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) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Accident</u>		
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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Charles St Charles MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 - 54 1300</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By being Run over by Tractor</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 5:30 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marion Muehlberg</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>June 7 - 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>JUNE 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 8 1954</u>	REGISTRAR'S SIGNATURE <u>Francine Brunetta</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Brunetta</u>	ADDRESS <u>Hughes Funeral Home Inc. St. Charles Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 21 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John J. Gaines

Signed.....
Student Embalmer

Licensed Embalmer No. *4108*

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.