

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35331

State File No.

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2382

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Brechenridge</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		STREET ADDRESS (If rural, give location) <u>10218 Breckenridge</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>D.</u> c. (Last) <u>Boucher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1955</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>Married</u>	8. DATE OF BIRTH <u>Feb 7 1929</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welding</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trailer Foreman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Felix Boucher</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Owen</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Boucher</u>	
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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> <u>None</u>		16. SOCIAL SECURITY NO. <u>491 26 0966</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Boucher</u> ADDRESS <u>10218 Breckenridge</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-18-1950, to 10-6-1955, that I last saw the deceased alive on 10-6-1955, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (If degree or title) <u>H. G. Kloeker, M.D.</u>	23b. ADDRESS <u>9621 Lackland Rd.</u>	23c. DATE SIGNED <u>10-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 19 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-17-55</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Doube, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Collier Mortuary</u> ADDRESS <u>10123 St. Chas. Rd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Klecker 9621 Jackland Rd.
1:30 P.M.

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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *10123 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.