

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38030

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 9771 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 5 hrs. | | c. CITY OR TOWN Clayton 446 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp. | | | | e. STREET ADDRESS (If rural, give location) 6454 Alamo Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) WILLIAM | | b. (Middle) HENRY | | c. (Last) BOFINGER | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec. 27 1880 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric | | 11. BIRTHPLACE (City and State or Foreign Country) New Orleans, La. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William H. Bofinger | | 13b. MOTHER'S MAIDEN NAME Agnes Paul | | 14. NAME OF HUSBAND OR WIFE Nella Tarrant Bofinger | | | |
| 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. 488-10-3712 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nella T. Bofinger 6454 Alamo 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skin cancers multiple DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191X | | | | INTERVAL BETWEEN ONSET AND DEATH 14 months 4 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 151X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (a.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? | | | |
| 22. I hereby certify that I attended the deceased from Dec 11 , 19 50 , to Nov. 7 , 19 55 , that I last saw the deceased alive on Nov. 7 , 19 55 , and that death occurred at 6 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) M. A. Evensoll M.D. | | | | 23b. ADDRESS 6356 Clayton Road | | 23c. DATE SIGNED Nov. 8, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 9 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. NOV 8 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Bocklage 6536 Clayton Road. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 410

P. O. Address.....

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.