

FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **41743**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **607L** Registrar's No. **382**

1. PLACE OF DEATH a. COUNTY ST FRANCIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST FRANCIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MARION TWP. LIFE		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN FRENCH VILLAGE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION FRENCH VILLAGE STAR ROUTE				e. STREET ADDRESS (If rural, give location) STAR ROUTE 0940				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JOSEPH c. (Last) BOOKHOLTZ			4. DATE OF DEATH (Month) (Day) (Year) DEC. 26 1955					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 19 1903		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR 3 Days	IF UNDER 4 HRS. 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST FRANCIS CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME PETER BOOKHOLTZ			13b. MOTHER'S MAIDEN NAME ELLEN WERNER		14. NAME OF HUSBAND OR WIFE EDITH JANSEN			
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Bookholtz French Village MO				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 1/2		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown							
	DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201							
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?				
22. I hereby certify that I attended the deceased from 12-26, 1955 , to 12-26, 1955 that I last saw the deceased alive on 12-20, 1955 and that death occurred at 4:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE R.L. Evans MD (Degree or title)				23b. ADDRESS Bonne Terre MO		23c. DATE SIGNED 12-27-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 29 1955	24c. NAME OF CEMETERY OR CREMATORY ST LAWRENCE CEM.		24d. LOCATION (City, town, or county) (State) LAWRENCETON MO			
DATE REC'D BY LOCAL REG. Dec. 27, 1955		REGISTRAR'S SIGNATURE Etheridge		25. FUNERAL DIRECTOR'S SIGNATURE Lee C. Bach		ADDRESS St. Genevieve Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

300

40

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 *Adrian J. Miller*.....

Licensed Embalmer No. *474*.....

P. O. Address *Ste. Ben*.....

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.