

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32603

FILED OCT 10 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2335

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jennings)		c. CITY OR TOWN Jennings	d. In 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) 3 months		e. STREET ADDRESS (If rural, give location) 2115 Kappel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Memorial Home			

3. NAME OF DECEASED a. (First) THERESA b. (Middle) _____ c. (Last) BOEHRER			4. DATE OF DEATH (Month) (Day) (Year) 9-19-1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-16-1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Rudenbuecher		13b. MOTHER'S MAIDEN NAME Margarite Bosch		14. NAME OF HUSBAND OR WIFE Fred Boehrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kostas Pardo 5925 Weber Road	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease		ANTECEDENT CAUSES vascular disease			unknown
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Convalescent fractures left fibula & right humerus (fall)					2 wks (approx)
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) 4221F	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 14, 1956, to Sept 19, 1956, that I last saw the deceased alive on Sept 18, 1956 and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Litzmann M.D.		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 9/20/56	
24a. CEMETERY OR CREMATORY Sunset Burial Park		24b. DATE 9-22-1956		24c. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo	

DATE REC'D BY LOCAL REG. 9-20-56		REGISTRAR'S SIGNATURE Robert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenheim Bros 6409 Gravois Ave	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

PA 7-0202

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..... 4343

P. O. Address..... St. Louis, M

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