

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42721

STATE FILE NUMBER

26623-56 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6631

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Normandy 4161</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Glannon Memorial</i>			Length of stay in lb <i>6 days</i>		d. STREET ADDRESS <i>6991 Edison</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Boecher,</i> Middle <i>Mary</i> Last <i>Anne</i>				4. DATE OF DEATH Month <i>July</i> Day <i>14</i> Year <i>1956</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 4-56</i>		9. AGE <i>14</i> Years Last Birthday		IF UNDER 1 YEAR Months <i>3</i> Days <i>10</i> Hours <i></i> Min <i></i>		IF UNDER 24 HRS. Hours <i></i> Min <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>St Louis Mo.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13. FATHER'S NAME <i>Fred Boecher</i>						14. MOTHER'S MAIDEN NAME <i>Doris Bell</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Fred Boecher 6991 Edison</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>										INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Congenital Heart Disease - tricuspid atresia, inoperable and infundibular defects, atrophic right ventricle</i>							congenital			
DUE TO (c) <i>defects, atrophic right ventricle</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
										<i>754.4</i>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from <i>7/5/56</i> to <i>7/14/56</i> and last saw her/him alive on <i>7/14/56</i> Death occurred at <i>7/14/56</i> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Carl Smith M.D.</i>						22b. ADDRESS <i>Cardinal Glennon Hosp. - St Louis Mo.</i>			22c. DATE SIGNED <i>7/15/56</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)		(State)			
<i>Burial</i>		<i>7/16/56</i>		<i>Calvary Cemetery</i>				<i>St Louis</i>		<i>Mo.</i>			
24. FUNERAL DIRECTOR <i>Callan Kelly</i>				ADDRESS <i>7267 Natl Bridge</i>				25. DATE RECD. BY LOCAL REG. <i>JUL 16 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.. *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed *James A. Lamm*

Licensed Embalmer No. *41*

P. O. Address *St. L.*

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.