

Health, Welfare and Public Service
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 Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6562

FILED MAR 1 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1508

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 6 wks.		27 STREET ADDRESS 7834 Birchmont		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLARA <i>First</i> BOONSHAFT <i>Middle</i> RICHTER <i>Last</i>				4. DATE OF DEATH Feb. 13, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 8, 1897	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Joseph D. Boonschaft				14. MOTHER'S MAIDEN NAME Adele Goldberg			
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. None		17. INFORMANT Jos. Richter 7843 Birchmont Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung with metastases to all organs <i>Carcinoma of lung & metastases to all organs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) metastases to all organs DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163x						INTERVAL BETWEEN ONSET AND DEATH 15 months	
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 Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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		CITY COUNTY STATE	
21. I attended the deceased from Jan 1951 to Feb 13/57 and last saw her <u>him</u> alive on 2/12/57 Death occurred at 12:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alfred Fleman M.D.				22b. ADDRESS 6741 V. of panel		22c. DATE SIGNED 2/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) em.		23b. DATE 2/14/57		23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona		23d. LOCATION (City, town, or county) (State) University City, Mo	
24. FUNERAL DIRECTOR Berger Memorial 4715 Mc'herson ADDRESS			25. DATE RECD. BY LOCAL REG. FEB 14 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>S.P.</i>		

St. Louis Mo.

Mo.

X University City

X

St. Louis

X 7834 Birmont

6 wks. Jewish Hosp.

Feb. 13, 1927

BOONSHAFT RICHARD

CLARA

Jan. 8, 1898

X

Female White

USA

St. Louis, Mo.

Housewife

Adelle Goldberg

Joseph D. Boonschaft

7834 Birmont

None

No

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 *[Signature]*

Licensed Embalmer No. 42

P. O. Address

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.