

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19862**

**FILED JUN 14 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1310**

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 township) OR TOWN **Gardenville**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **8149 Gravois**

STREET ADDRESS (If rural, give location) **2670 5011 Page Blvd.**

3. NAME OF DECEASED  
a. (First) **William**  
b. (Middle) **I**  
c. (Last) **Bomli**

4. DATE OF DEATH (Month) (Day) (Year) **May, 19, 1957**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec. 17, 1876**

9. AGE (In years) (Months) (Days) (Hours) (Min.) **80 5 2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Jeweler**

10b. KIND OF BUSINESS OR INDUSTRY **Self Employed**

11. BIRTHPLACE (City and State or Foreign Country) **Holland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Laura**

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'S SIGNATURE OR NAME ADDRESS **J.H. Sutton 6079 W. Florissant**

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) **Myocarditis, Chronic**  
ANTECEDENT CAUSES **Arteriosclerosis**  
DUE TO (b) **Arteriosclerosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**1 year**  
**2 years?**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **2**  
YES  NO

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) **4221**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar 5** 19**56**, to **May 19**, 19**57**, that I last saw the deceased alive on **May 18**, 19**57**, and that death occurred at **6:00P** **ms**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M. R. Wilinchi MD**

23b. ADDRESS **8916 Lemay**

23c. DATE SIGNED **5-20-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **5-23-57**

24c. NAME OF CEMETERY OR CREMATORY **Laurel Hills Garden**

24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **5-22-57 Herbert R. Donker MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Chas. F. Stuart 1225 Union Blvd**

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 *Melvin L. Kempfer*

Licensed Embalmer No. *4055*

P. O. Address *3505 Oak*

*St. Louis 20, Mo.*

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.