

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011365
State File No.

FILED MAR 19 1958

318

1003

2792
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

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>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St Louis</i>		c. LENGTH OF STAY (In this place) <i>4 days</i>		c. CITY OR TOWN <i>HIGH RIDGE</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DEACONESS HOSP.</i>		e. STREET ADDRESS (If rural, give location) <i>29 MERAMEC TWP.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i>		b. (Middle) <i>Andrew</i>		c. (Last) <i>Boehling</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>3-8-58</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>Aug 12-1889</i>		9. AGE (In years last birthday) <i>68</i>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own farm</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>High Ridge Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>HENRY BOENLING</i>		13b. MOTHER'S MAIDEN NAME <i>KATHERINE ALT</i>	
14. NAME OF HUSBAND OR WIFE <i>IDA BOENLING</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW1</i>		16. SOCIAL SECURITY NO. <i>493-42-0693</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Ida Boehling</i>		ADDRESS <i>High Ridge Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute Myo cardiac infarction</i>		ANTECEDENT CAUSES (b) <i>Arterio Sclerotic Heart Dis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>subseq many years</i>	
II. OTHER SIGNIFICANT CONDITIONS (c) <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. MEDICAL CERTIFICATION <i>420.0</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		22. I hereby certify that I attended the deceased from <i>Mar 5</i> , 19 <i>58</i> , to <i>Mar 8</i> , 19 <i>58</i> , that I last saw the deceased alive on <i>Mar 8</i> , 19 <i>58</i> , and that death occurred at <i>5 A.M.</i> , from the causes and on the date stated above.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
23a. SIGNATURE <i>Edward A. Gasto M.D.</i>		23b. ADDRESS <i>Hq. of Tenderwood</i>		23c. DATE SIGNED <i>3/10/58</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>3/11/58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>ST MARTIN CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>HIGH RIDGE MO</i>		DATE REC'D BY LOCAL REG. <i>MAR 10 '58</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Brommer</i>		ADDRESS <i>Funeral Home</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Brommer</i>	

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 *John H. Summer*

Licensed Embalmer No...147
P. O. Address *Lawrence, 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.