

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019514
STATE FILE NUMBER

318

1003

5641

Health,
Welfare
Public
Service

300
1-57

FILED JUN 11 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb 0	
d. STREET ADDRESS 5201 Sunshine		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emma Middle Last Boeche			4. DATE OF DEATH Month May Day 28 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 15, 1869
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Boeche	
13b. MOTHER'S MAIDEN NAME Catherine		14. NAME OF HUSBAND OR WIFE none	
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 Emma Schloesemann		Address 3518a Nebraska	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ 450.0 F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the final disease condition given in PART I (a) Fracture of right humerus.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Fell in the home.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 3/29/58 11:30 a.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN OR LOCATION 5201 Sunshine		COUNTY St. Louis STATE Mo	
21. I attended the deceased from 8/29/42 to 5/28/58 and last saw her alive on 5/27/58 Death occurred at 8:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugo F. Bergman M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 5/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/31/1958	
23c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons		25. DATE RECD. BY LOCAL REG. MAY 31 '58	
26. REGISTRAR'S SIGNATURE J Earl Smith mo			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATE

No. 1000
 State of Iowa
 Department of Health
 Certificate of Embalming
 No. 1000
 Date of Embalming
 Name of Deceased
 Name of Embalmers
 Signature of Embalmers
 State of Iowa
 Department of Health
 Certificate of Embalming
 No. 1000
 Date of Embalming
 Name of Deceased
 Name of Embalmers
 Signature of Embalmers

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 Donald Perry
 Licensed Embalmer No. 4863
 P. O. Address St. Louis, 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.