

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041305
STATE FILE NUMBER
10238

FILED NOV 24 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10238

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1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</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>4000</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul Hosp</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>27 6404 Glenmore</i>
3. NAME OF DECEASED (Type or print) First <i>EMMA</i> Middle <i>BOEHMER</i> Last		4. DATE OF DEATH Month <i>10</i> Day <i>25</i> Year <i>1958</i>	

5. SEX <i>Female / White</i>	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-14-1873</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT Home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS Mo 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Henry Krest</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA Griese</i>		14. NAME OF HUSBAND OR WIFE <i>HENRY W.</i>	
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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>Waldo Boehmer 1325 Veronica</i>
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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>Fracture of right hip</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>E902.0 21</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered in fall from</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <i>Stalchaw to floor at home</i>	
20c. TIME OF INJURY Hour <i>?</i> a.m. <i>10</i> Month, Day, Year <i>1958 October 1st</i>		

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.) <i>27 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis</i>	COUNTY <i>Mo</i>	STATE
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21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at *1215 p.m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph M. [Signature]</i>	22b. ADDRESS <i>1325 Veronica</i>	22c. DATE SIGNED <i>10/27/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-27-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. JOHNS Cem</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Co Mo</i>
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24. FUNERAL DIRECTOR <i>A. Brown</i>	ADDRESS <i>2707 N Grand</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 27 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Herbert J. Gan Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood, 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.