

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006912  
STATE FILE NUMBER  
2 1617

FILED MAR 2 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>Cedar Hill</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmen Desloge</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 2, hoto Hills</u>	
Length of stay in 1b <u>1 mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle Last <u>Boggs</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/18/67</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Christ Trice</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard Boggs</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Eldenhous 394 S. Grand</u>
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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) <u>bronchopneumonia (hypostatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks (?)</u>
DUE TO (b) <u>cerebral vascular accident</u>		<u>3 wks</u>
DUE TO (c) <u>fracture @ hip treated by hip nailing</u>		<u>1 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>F 904.0</u>		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) <u>Pt. fell on @ hip.</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>Jan 11, 1959</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>Cedar Hill</u> COUNTY <u>Mo</u> STATE
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21. I attended the deceased from <u>Jan 11, 1959</u> to <u>Feb 15, 1959</u> and last saw her alive on <u>Feb 15, 1959</u> Death occurred at <u>9:55 AM Feb 15, 1959</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>C. Ash / T. J. Bill</u>	22b. ADDRESS <u>Desloge Hospital</u>	22c. DATE SIGNED <u>2/15/59</u>
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23a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb. 18, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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24. FUNERAL HOME HELD BY <u>Wacker-Helderle</u>	ADDRESS <u>St. Louis, Mo.</u>	DATE RECD. BY LOCAL REG. <u>FEB 16 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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St. Louis (Licensed Embalmer's Statement on Reverse Side) m. j. B.

USE ONLY BLACK INK OR RED INK. REWRITE IF POSSIBLE. MEDICAL CERTIFICATION. All diseases in Part I must be causally related.

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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

*Frank J. ...*

Licensed Embalmer No. 1967

P. O. Address ...

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.