

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033432

FILED VS SEP 21 1959 310

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 219

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b		c. CITY OR TOWN Wentzville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SIMON Middle ERNEST Last BOEHLE				4. DATE OF DEATH Month September Day 14 Year 1959					
5. SEX Male		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 8/16/87		9. AGE (last birthday) 72 IF UNDER 1 YEAR IF UNDER 24 HR Months 30 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Wentzville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Bernard Boehle			13b. MOTHER'S MAIDEN NAME Catherine Orf			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) Yes			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address RR #2 Lawrence Boehle, Wentzville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Coronary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Renal colic - 48 hrs previous							INTERVAL BETWEEN ONSET AND DEATH 6 hrs		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour 9:00 Month, Day, Year Sept. 1959 a.m. P. p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 1958 to Sept. 1959 and last saw him alive on Sept 14, 1959 Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. M. Keller (Degree or title) M.D.				22b. ADDRESS Wentzville, Mo.				22c. DATE SIGNED 9-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/17/1959		23c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery			23d. LOCATION (City, town, or county) (State) Wentzville, Missouri		
24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 17-59		26. REGISTRAR'S SIGNATURE W. Wallace Wilson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 14 1959

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.