

UNIVERSITY OF MISSOURI - STANDARD CERTIFICATE OF DEATH

59-038328

STATE FILE NUMBER

RECEIVED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2715

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3561 Itaska</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Gayle</u> Middle <u>Boeckmann</u> Last			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 10, 1959</u>	9. AGE (last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days	IF UNDER 24 HR Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>Karen Boeckmann</u>	14. NAME OF HUSBAND OR WIFE <u>Hans Boeckmann</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 <u>Hans Boeckmann</u>	Address <u>1135 Olivette, Mo. Olivaire La.</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>CONGENITAL ATELECTASIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>LIFE</u>
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) <u>BRAIN DAMAGE; PATENT DUCTUS ARTERIOSUS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>6:05</u> a.m. p.m.	Month, Day, Year
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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 <u>Kirkwood</u>	COUNTY <u>Mo.</u>	STATE
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21. I attended the deceased from 10/9/59 to 10/10/59 and last saw her/him alive on 10/10/59  
Death occurred at 6:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry E. Knock, MD</u> (Degree or title)	22b. ADDRESS <u>145 W. ADAMS KIRKWOOD-22 MO.</u>	22c. DATE SIGNED <u>10/13/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS. CEM</u>	23d. LOCATION (City, town, or county) (State) <u>4360 BATES.</u>
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24. FUNERAL DIRECTOR <u>Schumacher's</u>	ADDRESS <u>3013 Meramec St.</u>	25. DATE RECD. BY LOCAL REG. <u>10-13-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Henry Strook.

145 W. Columbia = Kirkwood Mo.

1 To 5 P.M.

**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

*not.*  
*Jack Haupt*

Licensed Embalmer No. 4946

P. O. Address St Louis

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.