

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020694

FILED VS MAY 18 1960

318

1003

4939

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

ENDED

| | | | | | | | | |
|---|---|---|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 6 years | | c. CITY OR TOWN Highland | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) unknown | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First WILHELMINA Middle (none) Last BOESCHENSTEIN | | | | 4. DATE OF DEATH Month May Day 9 , Year 1960 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 9/17/78 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months 7 Days 22 | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) Highland Illinois | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | | |
| 13a. FATHER'S NAME Ferdinanda Tremmel | | | 13b. MOTHER'S MAIDEN NAME Charlotte Mueller | | 14. NAME OF HUSBAND OR WIFE Ferdinand Boeschent | | | |
| 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. unknown | | 17. INFORMANT Address stein Mrs. Belton Landolt - 1521 Pine, Webster Groves, Missouri | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | | |
| 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.) 260x | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | | | | | | |
| 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 27, 1951 and last saw her May 9, 1960 and last saw him May 9, 1960 Birth occurred at 12 m on the date stated above, and to the best of my knowledge from the causes stated. | | | | | | | | |
| 22. SIGNATURE (Degree or title) Joseph E. Carney, M.D. | | | | 22b. ADDRESS 906 Olive St | | 22c. DATE SIGNED 5-10-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5/11/60 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) (State) Highland, Illinois | | | |
| 24. FUNERAL DIRECTOR Wilson J. Boulanger | | | ADDRESS Highland, Ill. | | 25. DATE RECD. BY LOCAL REG. MAY 10 1960 | | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by John E. Embalmed, Student Embalmer No. _____
working under my personal supervision
Student _____
Signature of Student Embalmer

Signed John J. Cassidy, III

Licensed Embalmer No. 9912

P. O. Address East 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.