

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036990

FILED VS OCT 1 0 1960 317

Registration District No. 590 Primary Registration District No. Registrar's No. 2779

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pagedale		Length of stay in 1b 13 Yrs.	c. CITY OR TOWN Pagedale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7115 St. Charles Rock Rd.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7115 St. Charles Rock		
3. NAME OF DECEASED (Type or print) First ALICE Middle BOEHLW Last BOEHLW			4. DATE OF DEATH Month 9 Day 18 Year 60			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-02	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Asher		13b. MOTHER'S MAIDEN NAME Dora Pierce		14. NAME OF HUSBAND OR WIFE Robert Boehlow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Robert W. Boehlow Pagedale, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart disease metastatic Ca of liver DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Hemiparesis Rt. 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					INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ 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 1958 , to 9/17/60 and last saw her alive on 9/12/60 Death occurred at 1:05 AM m on the date stated above, and to the best of my knowledge from the causes stated.						
22a. SIGNATURE (Degree or title) J. G. Grant M.D.			22b. ADDRESS 5521 S. Parkway		22c. DATE SIGNED 9/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-60	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd. Berg.			25. DATE RECD. BY LOCAL REG. 9-19-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 339

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.