

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

-60-039404

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles Twsp.</u>		Length of stay in 1b <u>15 Yrs.</u>		c. CITY OR TOWN <u>St. Charles Twsp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>M.R.#2, N. River Road</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>M.R.#2, No. River Road</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ada</u> Last <u>Boschert</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Jun. 12, 1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
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 <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Portage des Sioux, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Fajol</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Wunsch</u>			14. NAME OF HUSBAND OR WIFE <u>Peter F. Boschert</u>		
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>MO.</u> <u>Mrs. Evelyn Burton, Chesterfield,</u>			
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>Metastatic Carcinoma</u> <u>(from left breast)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>generalized arteriosclerosis</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			
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 _____ 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 <u>Jan 1 - 5 9</u> to <u>Oct 23, 60</u> and last saw her <u>him</u> alive on <u>10 - 23 - 60</u> Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>George E. Kistler</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>St Charles Mo</u>			22c. DATE SIGNED <u>10-25-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cemetery</u> <u>St. Charles Borromeo</u>		23d. LOCATION (City, town, or county) (State) <u>St. Charles County, Mo.</u>			
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer &amp; Sons, St. Charles,</u> ADDRESS <u>Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 25 - 60</u>		26. REGISTRAR'S SIGNATURE <u>Marella Wilson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 1950

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James R. [Signature]*

Licensed Embalmer No. 483

P. O. Address St Cha

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