MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-026602

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6799 STATE FILE NUMBER

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: 60 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Baptist Hospital — Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 3893 Alberta — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: Ellen Middle: Fults Last: Boedecker
4. DATE OF DEATH: Month July Day 19 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 11/8/1875
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Waterloo,Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Chris Fults
13b. MOTHER'S MAIDEN NAME: ~~XXXXXXX~~ Margaret Mortimer
14. NAME OF HUSBAND OR WIFE: Fred C.Boedecker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
17. INFORMANT: Joseph H.Boedecker 3893 Alberta

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): starvation acidosis — Starvation Acidosis
DUE TO (b): malnutrition — Malnutrition
DUE TO (c): generalized arteriosclerosis — Generalized Arteriosclerosis — over 6 yrs

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): 450.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 20, 1961 to July 19, 1961 and last saw her alive on 7/19/61
Death occurred at 11:55 PM 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.R.Nakada (Degree or title) — J.R.Nakada, MD
22b. ADDRESS 950 Francis Pl. — 950 Francis Pl
22c. DATE SIGNED 7/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Auto)
23b. DATE: 7/22/61
23c. NAME OF CEMETERY OR CREMATORY: Waterloo Cemetery
23d. LOCATION (City, town, or county) (State): Waterloo,Illinois

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: JUL 21 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr.Nakada
Dr.Robert Mayer

950 Francis Place

Pa.1-8890
Friday 10:30 to 1 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 Jos. E McCullah

Licensed Embalmer No. 2462

P. O. Address 6175 Alma

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.