

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3058

STATE FILE NUMBER

61-47938

Registration District No. 310

Primary Registration District No.

Registrar's No. 274

FILED APR 12 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Charles		a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN Dardenne	
Length of stay in 1b 4 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) O'Fallon, Mo. RR1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Louis	Middle John	Last Boehle	Month November	Day 6	Year 1961

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-8-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Dardenne, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Garret Boehle	13b. MOTHER'S MAIDEN NAME Mary Sommers	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Wm. E. Boehle	Address Cottleville Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Embolism, fracture sternum		
DUE TO (b) contusion aortic, Hypertensive, arterio-sclerotic cardiovascular disease		
DUE TO (c) disease		
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 checked="" 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.) Struck by tree
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20c. TIME OF INJURY 10 a.m. 2-6-61	20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.) farm	20f. CITY, TOWN, OR LOCATION Dardenne, Mo	COUNTY St Charles	STATE Mo
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21. I attended the deceased from 2-2-1961 to 2-6-1961 and last saw her alive on 2-6-1961	
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Vincent A. Schuler MD	(Degree or title)	22b. ADDRESS St Charles Mo	22c. DATE SIGNED 11-11-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-1961	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) Dardenne, Mo.	(State)
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24. FUNERAL DIRECTOR T. E. Pitman	Address 909 Audubon Ave. Mo.	25. DATE RECD., BY LOCAL REG. 11/6/61	26. REGISTRAR'S SIGNATURE Marcella Wilson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 4 1963

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Wentzville, Mo.*

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.