

Registration District No. **791**  
**1008**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks.  
(Specify whether  
In this community 3 wks.  
years, months or days)

3. (a) PRINT FULL NAME Sister Boniface Joseph 21D

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 24 1876  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Red Bud Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation teacher Retired

11. Industry or business School

MOTHER FATHER { 12. Name Francis Schifferdecker

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown La Forge

15. Birthplace Waterloo Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Mary Emma

(b) Address RFD. Forder ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Aug. 19 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director W. E. C.

(b) Address 7814 S. Broadway

19. (a) AUG 18 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town RFD. Lemay, Missouri **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. Forder & Ringer Rd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1939 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7/14 1939 to 8/17 1939  
that I last saw him alive on 8/17 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric embolism 6 hrs.

Due to splenectomy 8/17  
operative

Due to the infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Splenomegaly  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Phil H. Scherer (M. D. or other) MD  
Address 31155 Grand Date signed 8/18/39

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

319-J. B. B. C.  
Lic 8968  
Tel. 3-02

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Edwin H. Lehigh*

Licensed Embalmer No. *4049*

P. O. Address *6464 Chippewa*

**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 this body is not embalmed, above space should be left blank.**