

JUL 13 1942
791

Registration District No. Primary Registration District No. 1003

Registrar's No. 5420

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:
5043 Aubert
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5043 Aubert
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Anna Boschert
 3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Joseph Boschert 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased. Jan. 30. 1878.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 23 hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....
 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Calliott
 (b) Address 5043 Aubert

17. (a) Burial (b) Date thereof June 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
 (b) Address 4600 Natural Bridge

19. (a) JUN 21 1942 (b) J. F. Bredt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1942 hour 9 minute 55 P.M.
 21. I hereby certify that I attended the deceased from April 10
1942 to June 22 1942
 that I last saw her alive on June 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of the uterus and ovaries 5mm
 Due to Primary in uterus
 Due to uterus
 Other conditions. HX
(Include pregnancy within 3 months of death)

Major findings: exploratory operation on April 18, 1942 of focused cancer.
 PHYSICIAN MD
 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) (e) Means of injury.....

23. Signature P. R. Meuron (M. D. or other) MD
 Address 5330 Geraldine Date signed 6/23/42

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

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

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, fact should be so stated above.