

No. 300
1-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13750
Registrar's No. 69

FILED MAY 10 1948
Registration District No. 310

Primary Registration District No. 3058

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

72
9
3

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community Life time
years, months or days

3. (a) PRINT FULL NAME Mary A. Boerding

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Steve Boerding Sr

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 26 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>0</u>	hr. min.

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Weber

13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wappelhorst

15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Glennon Boerding (son)

(b) Address 117 S. 7th-St. Charles, Mo.

17. (a) burial (b) Date thereof Apr 29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. C. Daltmeyer & Son

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) April 28-48 (b) Frank Boerding
(Time received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 8/18 1947 to 4/26 1948
that I last saw her alive on 4/26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma of uterine cervix

Duration 6 wks

Due to Carcinoma of uterine cervix 1 yr.

Due to

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations Carcinoma of uterine cervix

Of autopsy 50

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 B. L. Neubauer (M. D. or other) MD

Address St. Charles, Mo. Date signed 4/27/48

Date Filed MAY 7 1948
District File Number

District Health Officer No. 9,
RECEIVED

JAN 15 1951

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.....

Herbert C. Dollmeyer

, Registered Apprentice No. 429

working under my personal supervision.

Signed

Joseph T. Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles

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.