

3. No. 300
M-10-47
7. 5-17-39
P 1 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42007
State File No. _____
Registrar's No. 2808

FILED DEC 31 1948
Registration District No. 397

Primary Registration District No. 30533069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Missouri Richmond Hts

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

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

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Boehle

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 Widowed

6. (b) Name of husband or wife John Boehle

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

7. Birth date of deceased August 19 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 14 hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Charles Patin

13. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Juntina Weik

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

16. (a) Informant Alma Boehle

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 12/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 12-4-48 (b) Thurs Bohm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 3
year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 24, 1948, to Dec 3, 1948.

that I last saw her alive on Dec 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 days

Due to Hypertension 8 yrs

Due to Arteriosclerosis general 8 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 83a

Of autopsy _____

PHYSICIAN _____
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) (c) Means of injury 0

23. Signature C.H. Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd. Date signed 12/4/48

FEB 20 1950

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.