U.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42028

BIRTH NO. 6541-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10938

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis - Mo.
c. LENGTH OF STAY (In this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Children's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles Co.
d. STREET ADDRESS (If rural, give location): RR # 3 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle): Charles
c. (Last): Boschert

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21 - 50

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Sept 17 - 50
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 4 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY?: Amer.
13a. FATHER'S NAME: Francis Boschert
13b. MOTHER'S MAIDEN NAME: Elvera Schneider
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NIL
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: FRANCIS BOSCHERT - PORTAGE DES SIOUX, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of the pons — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

193X

19a. DATE OF OPERATION: 12/21/50
19b. MAJOR FINDINGS OF OPERATION: Large infiltrating tumor of the Pons invading 4th ventricle
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-25, 1950, *to* 12-21, 1950 *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 5:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm G Klingerson MD
23b. ADDRESS: 500 S. KINGSHWAY - ST. LOUIS, MO.
23c. DATE SIGNED: 12/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-22-50
24c. NAME OF CEMETERY OR CREMATORY: ST. FRANCIS CEMETERY
24d. LOCATION (City, town, or county) (State): PORTAGE DES SIOUX, MO.

DATE REC'D BY LOCAL REG.: DEC 22 1950
REGISTRAR'S SIGNATURE: J. B. Lancaster
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.C. DALLMEYER & SONS CO. - 800 N. 2ND ST. CHARLES, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 4189

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Joseph F Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.