

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31327**  
Registrar's No. **8352**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys</b>		d. STREET ADDRESS (If rural, give location) <b>15 4710 S. Compton</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Boresi</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20 1951</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Oct. 5th. 1874</b>
9. AGE (In years last birthday) <b>76</b>		10. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis D</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Louis Scherrer</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Reiner</b>	
14. NAME OF HUSBAND OR WIFE <b>Theodore Boresi (deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theresa Meintrup 4710 So. Compton</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 HRS</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS GENERALIZED</b> DUE TO (c) <b>UNK</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>231X</b>			
22. I hereby certify that I attended the deceased from <b>NOV 20, 1949</b> , to <b>20 SEPT, 1951</b> , that I last saw the deceased alive on <b>20 SEPT, 1951</b> , and that death occurred at <b>2:25 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Henry T. Cooper M.D.</b>		23b. ADDRESS <b>818 OLIVE ST</b>	
23c. DATE SIGNED <b>21 SEPT 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 24 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>S. S. Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>SEP 21 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry L. Weidmueller</b>		ADDRESS <b>6203 Gravois</b>	

mfb (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

41940

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.