

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32148

State File No.

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3229

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, Mo.</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3114 Kemp Dr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, Mo.</u> <u>4161</u>	
		d. STREET ADDRESS (If rural, give location) <u>3114 Kemp Dr.</u>	
3. NAME OF DECEASED a. (First) <u>Lillian</u> b. (Middle) <u>M.</u> c. (Last) <u>Boesewetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 25, 1894</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>A.S. A.</u>
13a. FATHER'S NAME <u>Frank Voss</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Winkles</u>	14. NAME OF HUSBAND OR WIFE <u>George Boesewetter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Boesewetter 3114 Kemp Dr. Normandy</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> 8 years DUE TO (c) <u>4200</u>	
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? _____			
22. I hereby certify that I attended the deceased from <u>Dec 29th, 1945</u> , to <u>Apr 21, 1951</u> , that I last saw the deceased alive on <u>Sept 20, 1951</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter J. Sumner</u>		23b. ADDRESS <u>4617 Wallin Ave</u>	
23c. DATE SIGNED <u>9/23/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>9/25/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-24-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u>		ADDRESS <u>2630 Gravois Ave.</u>	

(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 Robert F. Gibbons

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.