

No. 300
10-48

FILED OCT 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34741

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Portage des Sioux Twp
c. LENGTH OF STAY (in this place) 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION Orchard Farm, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY St. Charles
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twp
d. STREET ADDRESS (If rural, give location) Boschertown area R.R. 3

3. NAME OF DECEASED
a. (First) Bernard b. (Middle) Henry c. (Last) Boerding
4. DATE OF DEATH (Month) (Day) (Year) October 2 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 27, 1872
9. AGE (In years last birthday) Months Days Hours Min. 79 4 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) St. Charles County, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard Boerding 13b. MOTHER'S MAIDEN NAME Anna M. Reiling 14. NAME OF DECEASED'S WIFE Frances M. (Steinmann)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL 16. SOCIAL SECURITY NO. NIL 17. INFORMANT'S SIGNATURE OR NAME Mrs Frances M. Boerding ADDRESS St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None
INTERVAL BETWEEN ONSET AND DEATH unknown

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Sept, 1950, to Sept, 1951, that I last saw the deceased alive on Oct. 2, 1951, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Don J. Randall, M.D. 23b. ADDRESS 207 N. 5th St. Charles, Mo 23c. DATE SIGNED Oct. 3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 5-1951 24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery 24d. LOCATION (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. Oct. 26 1951 REGISTRAR'S SIGNATURE J.W. Giam... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co 800 N. 2nd St. Charles, Mo.

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

920
3

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.