

WED JUN 18 1952

STANDARD CERTIFICATE OF DEATH

State File No. _____

20012

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 115

361

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0361</u> OR TOWN <u>Union</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home of Bill Bartels (Mayor)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Bill Bartels (Mayor)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kunigunda</u> b. (Middle) <u>Boehlein</u> c. (Last) <u>Boehlein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 13 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>2</u>	8. DATE OF BIRTH <u>Feb. 23 1865</u>
9. AGE (In years last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME <u>ANNA NUSSLEIN</u>	14. NAME OF HUSBAND OR WIFE <u>PANCRATIUS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MARY BARTELS</u> ADDRESS _____

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) <u>Heart Plegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.40.</u>
	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. <u>Gangrene left leg</u> <u>Decubitus Ulcers</u>		2. days 3. 1/10	
19a. DATE OF OPERATION <u>6-13-52</u>	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 (Month) (Day) (Year) (Hour) OF INJURY _____	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 1932, to 6-13, 1952, that I last saw the deceased alive on 6-12, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Lenny</u> (Degree or title) <u>Mo. S.C.</u>	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>6-13-52</u>
--	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>	24b. DATE <u>6/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 13-1952</u>	REGISTRAR'S SIGNATURE <u>J.T. Cooper</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Stock</u> ADDRESS <u>2617 E Grand</u>
--	--	--

AUG 28 1958

SEP 29 1958

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 Frank A Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand R

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.

20012
Franklin
Local Registrar's No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of } ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of July, 1952, before me appears
Julia M. Sprick, who, upon her oath, states that the original record of ^{birth}~~death~~
for Kunigunda Boehlein, ^{died}~~born~~ June 13, 1952, in the State of
Missouri, and which was filed at Union, June 13th, 1952, should be corrected as follows:

- Item No. 8 should read February 23, 1865
Instead of February 23, 1864
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Julia M. Sprick Daughter
Relationship.
8514 Mora Lane, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 10th day of July, 1952
My Commission expires Aug. 6th, 1957
William A. Stone Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-20012