

STANDARD CERTIFICATE OF DEATH

21593

State File No.

FILED JUN 23 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088 Registrar's No. 010

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville MO Rural</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi North East 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Boehle</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Oct 10 1886</u>		9. AGE (In years) (last birthday) <u>65</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>7</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bernard Boehle</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Oxt</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, specify or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Bronchogenic?)</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>L. app. Ch. Myocarditis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized arteriosclerosis</u>	
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) m.	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 May 29, 1952, to June 11, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George R. Joshi M.D.</u>	23b. ADDRESS <u>Dallen Mo.</u>	23c. DATE SIGNED <u>6-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Patrick's Ceme</u>
24d. LOCATION (City, town, or county) (State) <u>Wentzville MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. E. PITMAN FUNERAL HOME WENTZVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>6-14-52</u>	REGISTRAR'S SIGNATURE <u>Francis Hummel</u>	

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.

Signed Annotta M. Titman

Signed _____

Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Montzville

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.