

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37230

FILED NOV 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2820</u>	
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 <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. LENGTH OF STAY (If this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>228 Military Road</u> 8			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Sally</u> c. (Last) <u>Boehm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 1, 1952</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>June 2, 1875</u>		9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Daniel Stamp</u>		13b. MOTHER'S MAIDEN NAME <u>Elixa Gamache</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold Topp 3210 Hebert St. St. Louis, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</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>170X</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>10-28</u> , 19 <u>52</u> , to <u>11-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>52</u> , and that death occurred at <u>1.20 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Thomas M.D.</u>				23b. ADDRESS <u>228 St. Rose Sanitarium</u>		23c. DATE SIGNED <u>11-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road</u>			
DATE REC'D BY LOCAL REG. <u>11-2-52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Douché - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>			

P.T. (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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Harry J. Schenker

Signed.....

Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.