

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21222

State File No. ....

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4172 Registrar's No. ....

371

0310

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>   |  |
| c. LENGTH OF STAY (In this place) <u>11 yrs</u>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Guttenberg St.</u>                               |  | d. STREET ADDRESS (If rural, give location) <u>Guttenberg St.</u>   |  |

|   |             |                              |  |
|---|-------------|------------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Adolph</u> | b. (Middle) | c. (Last) <u>Boesch, Sr.</u> | 4. DATE OF DEATH<br>(Month) <u>3</u> (Day) <u>5</u> (Year) <u>1953</u> |
|---|-------------|------------------------------|--|

|                    |                               |   |                                      |   |   |  |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct. 9, 1870</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Swiss, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Jacob Boesch</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Krattli</u> | 14. NAME OF HUSBAND OR WIFE <u>Maggie Boesch</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> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Adolph Boesch, Jr.</u> | ADDRESS <u>Hermann, Mo.</u> |
|--|-------------------------------------|---|-----------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERNAL BETWEEN ONSET AND DEATH<br><u>10 hrs.</u><br><u>24 hrs.</u><br><u>14 days.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypostatic pneumonia</u><br>DUE TO (c) <u>Acute bronchopneumonia</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>491X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 Feb. 19, 1953, to Mar. 5, 1953 that I last saw the deceased alive on Mar. 5, 1953, and that death occurred at 1:52 P.M., from the causes and on the date stated above.

|   |                                  |                                |
|---|----------------------------------|--------------------------------|
| 23a. SIGNATURE <u>W. A. ...</u> (Degree or title) | 23b. ADDRESS <u>Hermann, Mo.</u> | 23c. DATE SIGNED <u>3/7/53</u> |
|---|----------------------------------|--------------------------------|

|   |                         |   |  |
|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-8-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Swiss Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Swiss Mo.</u> |
|---|-------------------------|---|--|

|   |   |   |                             |
|---|---|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>Mar 22 1953</u> | REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. ...</u> | ADDRESS <u>Hermann, Mo.</u> |
|---|---|---|-----------------------------|

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.....



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.