FILED OCT 4 1954

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31642

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8103

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4326
d. STREET ADDRESS (If rural, give location): 1036 Irma Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): PAULINE
b. (Middle):
c. (Last): BOEVINGLOH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 13, 1879
9. AGE (In years last birthday): 75 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: P. Siebert
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Wm. B Boevingloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm. Boevingloh, 1036 Irma Ave.,
ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Degenerative Heart Disease — Interval between onset and death: 8 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 8 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 443 x

22. I hereby certify that I attended the deceased from 1940, 19__, to Sept 1st, 1954, that I last saw the deceased alive on Sept 1st, 1954, and that death occurred at 7.30 P M, from the causes and on the date stated above.

23a. SIGNATURE: W. McShane M.D. (Degree or title)
23b. ADDRESS: 4500 Olive St St Louis
23c. DATE SIGNED: 9/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Valle Spring Cem.,
24d. LOCATION (City, town, or county) (State): St. Genevieve, Mo.

DATE REC'D BY LOCAL REG.: SEP 2 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Jos. W. Clark
ADDRESS: 1125 Hodiamont Ave.,

(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 Alfred T. Bodelson

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.