

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39636

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2766

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>VALLEY PARK</u>		c. LENGTH OF STAY (In this place) <u>1-YR. 9mo.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MERAMEC TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>FOAKA RR# 1 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOH NURSING HOME</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>		b. (Middle)	
c. (Last) <u>BOEMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 5-1865</u>
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR (Months) <u>9</u>	10. UNDER 24 HRS. (Hours) (Min.) <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED-FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>ST LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY BOEMER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GEISERT</u>	
14. NAME OF HUSBAND OR WIFE <u>WILHELMINA HOFFMISTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilhelmina Hoffmister</u>		ADDRESS <u>Evansville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized Ch arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
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)		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>11-1</u> , 19 <u>54</u> , to <u>11/28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/26</u> , 19 <u>54</u> , and that death occurred at <u>1:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. A. Shickler</u> (Degree or title)		23b. ADDRESS <u>Lakewood R. Mo</u>	
23c. DATE SIGNED <u>11/29/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/30/54</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Combs</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley R. Combs</u>		ADDRESS <u>Home Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

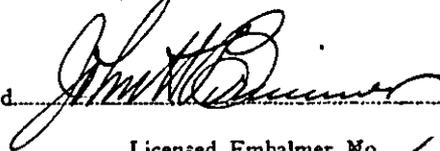
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

1470

P. O. Address

House Springs, Mo.

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

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