

FILED AUG 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27348

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY Saint Charles  
 b. CITY (If outside corporate limits, write RURAL and give town or township) Portage Des Sioux  
 c. LENGTH OF STAY (in this place) res.  
 c. CITY OR TOWN Portage Des Sioux  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home on 2nd St  
 e. STREET ADDRESS (If rural, give location) 2nd x Jackson St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY St. Charles

3. NAME OF DECEASED  
 a. (First) William  
 b. (Middle) A.  
 c. (Last) Boschert  
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1955

5. SEX: Male  
 6. COLOR OR RACE: White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH Sept. 23, 1885  
 9. AGE (in years last birthday) 69  
 IF UNDER 1 YEAR: Months 10 Days 22  
 IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter  
 10b. KIND OF BUSINESS OR INDUSTRY own  
 11. BIRTHPLACE (City and State or Foreign Country) Portage-Des Sioux, Mo.  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roman Boschert  
 13b. MOTHER'S MAIDEN NAME Helem Hund Hund  
 14. NAME OF HUSBAND OR WIFE Frankie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
 16. SOCIAL SECURITY NO. None  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Mrs. Wm. Boschert, Portage Des Sioux

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Internal femoral artery  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) ruptured gastric artery  
 DUE TO (c) Gastric Carcinoma  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation  
 INTERVAL BETWEEN ONSET AND DEATH  
4 days  
4 days  
2 year

19a. DATE OF OPERATION  
 19b. MAJOR FINDINGS OF OPERATION 151X  
 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-1955, to 9-14-1955, that I last saw the deceased alive on 9-14-1955, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas C. Hamon  
 23b. ADDRESS D.O. Portage Des Sioux, Mo.  
 23c. DATE SIGNED 9-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
 24b. DATE Aug. 17, 1955  
 24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery  
 24d. LOCATION (City, town, or county) (State) Portage Des Sioux, Mo.

DATE REC'D BY LOCAL REG. Aug. 18 1955  
 REGISTRAR'S SIGNATURE W. W. [Signature] 366-d  
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Dallmeier & Son Co., St. Charles, Mo.

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

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**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.....  
Signature of Student Embalmer

Signed *Frank R Amato*

Licensed Embalmer No. *4*

P. O. Address *St. Ch.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.