

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38038**  
Registrar's No. **10214**

FILED DEC 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**

c. CITY OR TOWN **St Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St Anthony Hospital**

e. STREET ADDRESS (If rural, give location) **223 1/2 218 Sidney**

3. NAME OF DECEASED  
a. (First) **Mary** b. (Middle) \_\_\_\_\_ c. (Last) **Bouckaert**

4. DATE OF DEATH (Month) (Day) (Year) **Nov 19, 1955**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow**

8. DATE OF BIRTH **Jan 17, 1876**

9. AGE (In years last birthday) **79** if UNDER 1 YEAR Months \_\_\_\_\_ if UNDER 1 YEAR Days \_\_\_\_\_ if UNDER 1 YEAR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Germany**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Albert Koch**

13b. MOTHER'S MAIDEN NAME **not known**

14. NAME OF HUSBAND OR WIFE **Philip Bouckaert (dec'd)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Marie Binz 29 Villawood Lane**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Peritonitis, Acute Generalized**  
ANTECEDENT CAUSES  
DUE TO (b) **Diverticulitis, sigmoid**  
**CARCINOMA OF SIGMOID COLON**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**DIABETES MELLITIS, SENILE**

INTERVAL BETWEEN ONSET AND DEATH  
**2 wks**  
**4 Mo.**  
**1 yr**  
**4 yr**

19a. DATE OF OPERATION **10/12/55**

19b. MAJOR FINDINGS OF OPERATION **Diverticulitis sigmoid (FBless) - CARCINOMA of colon**

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) **572 + 153x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 **10/11, 1955**, to **11/19, 1955**, that I last saw the deceased alive on **11/19, 1955**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James J. Stephens M.D.**

23b. ADDRESS **634 N. GRAND AVE**

23c. DATE SIGNED **11/21/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **11/23/55**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **Afton Mo**

DATE REC'D BY LOCAL REG. **NOV 22 1955**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J L Ziegenhein & Sons 7027 Gravois**

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.....  
Signature of Student Embalmer

Signed *E. P. Kidwell*.....

Licensed Embalmer No. *387*

P. O. Address *7027 Kra*

**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.**