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FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17588  
State File No. ....

318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5051

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 26 1406a Newhouse Avenue, 7, 226 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) MATHILDA		b. (Middle)		c. (Last) BOEHNE		4. DATE OF DEATH (Month) (Day) (Year) May 24th, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 2nd, 1890	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Brautigam		13b. MOTHER'S MAIDEN NAME Catherine Schue		14. NAME OF HUSBAND OR WIFE Louis H. Boehne	

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 Louis H. Boehne, 1406a Newhouse Avenue, 7,			
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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) Infarction of lungs Infarction of the lungs Carcinoma of the lungs Arteriosclerotic heart dis. DUE TO (b) Carcinoma of the lungs DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Chronic bronchitis Chronic Bronchitis Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH one day 6 yrs 3 yrs 1 year	
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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) (Min)		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 5-11-1956 to 5-24-1956 (that I last saw the deceased alive on 5-24-1956, and that death occurred at 12:00 m., from the causes and on the date stated above. 5-25-56

23a. SIGNATURE Nicholas Klym (Degree or title) M.D.		23b. ADDRESS 3626 N. 11th St.		23c. DATE SIGNED 5-25-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/28/56		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24d. LOCATION (City, town, or county) St. Louis County, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FRUTZ, 4828 Natural Bridge Blvd.		24f. FUNERAL HOME, INC. St. Louis 15, Missouri	

DATE REC'D BY LOCAL REG. MAY 25 1956		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FRUTZ, 4828 Natural Bridge Blvd. St. Louis 15, Missouri	
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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 *John A. Medina*.....  
Licensed Embalmer No. *478*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.