

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31795**

FILED SEP 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **222**

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

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Chas.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>	c. LENGTH OF STAY (in this place) <b>2 wks.</b>	c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>405 Boonslick</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marjorie</b> b. (Middle) <b>Jean</b> c. (Last) <b>Boschert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 29, 1929</b>	9. AGE (In years last birthday) <b>27</b> <input type="checkbox"/> UNDER 1 YEAR <b>5</b> <input type="checkbox"/> UNDER 24 HRS. <b>16</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Charles C. White</b>	13b. MOTHER'S MAIDEN NAME <b>Jessie Lumpkin</b>	14. NAME OF HUSBAND OR WIFE <b>Alvin Paul Boschert</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alvin Paul Boschert, St. Charles, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute monocytic leukemia</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>2042</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Aug 21, 1956**, to **Sept 15, 1956**, that I last saw the deceased alive on **Sept 14, 1956**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b> Eugene J. Canty M.D.</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>Sept 15, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Borromeo Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 15 1956</b>	REGISTRAR'S SIGNATURE <b> Anne Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b> R.C. Dallenwoodson St. Charles, Mo.</b>
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SEP 24 1956

JUL 7 1964

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. Amerson*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

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.