

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 1719

No. 300  
10.48  
FILED FEB 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5094 Registrar's No. 5

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u>		<b>2. USUAL RESIDENCE</b> (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 township) OR TOWN <u>RURAL MERAMEC TOWNSHIP</u>		c. CITY OR TOWN <u>EUREKA RR#1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EUREKA RR#1</u>		e. STREET ADDRESS (If rural, give location) <u>MERAMEC TOWNSHIP</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>JOHN</u> c. (Last) <u>BOEMLER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1-24-1957</u>		
<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>SINGLE</u>	
<b>8. DATE OF BIRTH</b> <u>JULY 10-1898</u>		<b>9. AGE</b> (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMING</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>EUREKA MO RR#1</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>FRED P. BOEMLER</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>WILHELMENA NIEMANN</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>SINGLE</u>	
--	--	--	--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>493-42-5666</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Estella Anna Boemler</u>	
				<b>ADDRESS</b> <u>Eureka MO</u>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute coronary thrombosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hour</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		<u>1 year</u>	
		DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensity and peptic ulcer</u>		<u>6 mo</u>	

<b>19a. DATE OF OPERATION</b> <u>none</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
---	--	---	--	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u>	
---	--	---	--	--	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
--	--	---	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from** 12-11, 1941, to 1-24, 1957, that I last saw the deceased alive on 1-23, 1957, and that death occurred at 7 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>Eureka Mo.</u>		<b>23c. DATE SIGNED</b> <u>1-26-57</u>	
--	--	---------------------------------------	--	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>1/27/57</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST MARTINS EVC CEMETERY</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>HIGH RIDGE MO</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>Feb-3-1957</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
				<b>ADDRESS</b> <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

+38

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 14 1957

FEB 6 1957

---

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 *Halley F. Gaeller Jr*  
Licensed Embalmer No. *4950*  
P. O. Address *St. Louis*

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.