

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18309

State File No. _____

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 128

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		e. STREET ADDRESS (If rural, give location) <u>800 Clay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roman</u>		b. (Middle) <u>A.</u> c. (Last) <u>Boschert</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1957</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 23, 1902</u>	
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>16</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vogt Poultry Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Boschert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wussler</u>	
14. NAME OF HUSBAND OR WIFE <u>Elvira M. Wilke</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. Boschert, St. Charles, Mo.</u> ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) _____ 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 _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>443x</u>	
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 <u>6-30-56</u> to <u>5-9-57</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-9-57</u> , 19 <u> </u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. Lother</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>114 N. Main St., St. Charles, Mo.</u>	
23c. DATE SIGNED <u>5-10-57</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 13, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dallmeyer & Son, St. Charles, Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>May 11-57</u>		REGISTRAR'S SIGNATURE <u>Mareeem Wilson</u>	

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MAY 22 1957

JUL 5 1957

MAY 27 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 *Frank R. Amalson*

Licensed Embalmer No. 40

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.