

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 22 1957 STANDARD CERTIFICATE OF DEATH

State File No. **42836**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **2850**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	c. LENGTH OF STAY (in this place) 2 yrs. 3 mon.	c. CITY OR TOWN Bellefontaine Neighbors	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 Christian Old People's Home		e. STREET ADDRESS (If rural, give location) 1148 Oran Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Mathilda c. (Last) Boellner			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 24, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Schmidt		13b. MOTHER'S MAIDEN NAME Caroline Blanke		14. NAME OF HUSBAND OR WIFE Hugo S. Boellner, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbert W. Boellner, 1148 Oran Drive	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) no		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) no		DUE TO (b) Hypertension			9
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 334X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no		DUE TO (c) 334X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		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 **Oct 2, 1957**, to **Nov 14, 1957**, that I last saw the deceased alive on **Nov 14, 1957**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Mayers		23b. ADDRESS St. Louis, Mo		23c. DATE SIGNED 11-14-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-18-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Ann, Missouri	

DATE REC'D BY LOCAL REG. 11-15-57		REGISTRAR'S SIGNATURE Herbert B. Donkley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

HECK

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 *David C. Gibson*

Licensed Embalmer No. *3457*

P. O. Address *Ourland*

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.