FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008316
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Emerson Ave. — Length of stay in Hospital 34 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Creve Coeur 4000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Emerson Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Hans Middle: William Jacob Last: Boerm

4. DATE OF DEATH Month: January Day: 30 Year: 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 20, 1880
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist
10b. KIND OF BUSINESS OR INDUSTRY Floral
11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Hans Boerm
14. MOTHER'S MAIDEN NAME Marie Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-09-5086A
17. INFORMANT Margaretha Boerm, Emerson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 1955 to 30 JAN 1958 and last saw her/him alive on 30 JAN 1958
Death occurred at 7 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A Mayer (Degree or title) MD
22b. ADDRESS 567 North=South Rd University City, 5 Mo
22c. DATE SIGNED 1/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-1-1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Normandy, Missouri

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland, Mo.
25. DATE RECD. BY LOCAL REG. 2/2/58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature for the symptoms, diseases, injuries, and causes of death. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 24

P. O. Address Portland

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