Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002563

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY St. CHARLES
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. CHARLES — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. JOSEPH'S HOSP — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN MAPLEWOOD 4004 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2565 CIRCLE DR — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: FRANK J. BOLER

4. DATE OF DEATH Month Day Year: JAN. 22 1959

5. SEX: M C
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: NOV 18, 1878
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months 2 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERVISOR
10b. KIND OF BUSINESS OR INDUSTRY: PULLMAN CO
11. BIRTHPLACE (City and state or country): CZECHOSLOVAKIA 5
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: NANCY H. BARTON BOLER (DECEASED)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NOT
16. SOCIAL SECURITY NO.: 709-09-5465
17. INFORMANT: MRS. BEATRICE WHITE, ST. CHARLES, MO — Address

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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 48 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma Stomach 151X
19. WAS AUTOPSY PERFORMED? 1 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 Dec 5-1958, to Jan 22-59 and last saw her/him alive on Jan 22-1959
Death occurred at 2:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent A. Schneider MD C
22b. ADDRESS: St Charles, MO
22c. DATE SIGNED: 1/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CATH. CEM
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR: C. L. PRINSTER — ADDRESS: ST. CHARLES, MO
25. DATE RECD. BY LOCAL REG.: JAN. 25-59
26. REGISTRAR'S SIGNATURE: Marcella Wilson

PRINSTER-HUGHES, INC.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Westphalia, Mo

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.