

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12054  
Do not file this space.

1. PLACE OF DEATH St Louis  
 (a) County St Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 113  
 (c) City Jennings (d) Street No. Elms Home 2500 Mc Lavin Registered No. 548  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Boekers 2.6.38  
 (a) Residence, No. 4693 Rosalie St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gerhardt Boekers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 — 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger. to

FATHER  
 13. NAME John Schulte to

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger. to

MOTHER  
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

17. INFORMANT (ADDRESS) Josephine Quinn 4693 Rosalie

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Principals Burial Home Co. 474 W. Florissant St.

20. FILED 3-25 1938 J. R. Meyer M.D. Pub. Hlth. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 1-1 1938, to 3-24 1938  
 I last saw him/her alive on 3-24 1938. Death is said to have occurred on the date stated above, at 10:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

KILL OBAR  
PNEUMONIA  
RT BASE  
105-  
 Other contributory causes of importance: Adenitis 1930

Date of onset 3/20/38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Smear Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Meyer M. D.  
 (Address) 4114 W. Florissant

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Guy W. Wilkinson  
Licensed Embalmer No. 3575

**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.)**