

MAY 10 1939

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

13602
Do not use this space.

791

1003

Registered No. 3944

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City or Town St. Louis (d) Street No. Deaconess Hospital St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

VICTOR H. BOEGER, Sr.,
(a) Residence, No. 2148 Linton Avenue St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Boeger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Rice Stix & Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME Charles Boeger 0

14. BIRTHPLACE (CITY OR TOWN) Germany 6 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known 6

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

17. INFORMANT Mrs. Gertrude Boeger (ADDRESS) 2148 Linton Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE ZIONS DATE Apr. 29, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son. (ADDRESS) 2161 East Fair Avenue

20. FILED APR 28 1939 J. B. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Apr 26, 1939. I last saw him alive on Apr 25, 1939. Death is said to have occurred on the date stated above, at 6:30 AM. The principal cause of death and related causes of importance were as follows:

no stones
Purlo nephritis - chronic
myocarditis - chronic
93C
Other contributory causes of importance: *metabolic disturbances non-malignant*

Name of operation *none* Date of
What test confirmed diagnosis? *lab* Was there an autopsy? *no*

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? *no*
If so, specify
(Signed) *J. B. Brudeck* M. D.
(Address) *607 N. Grand*

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Bushhof*

Licensed Embalmer No. *2118 O*

P. O. Address. *St. Louis 9*

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 this body is not embalmed, above space should be left blank.