

JUL 12 1939

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

20202
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township / Primary Registration District No. **1008**
 (c) City **of St. Louis** (d) Street No. **6115 Southwest Ave** St.
 (e) Length of residence in city or town where death occurred
 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **William Boeddeker** **6115 Southwest Ave** St. **3**
 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1889		
7. AGE YEARS 49	MONTHS 7	DAYS 14
If LESS than 1 day, hrs. or min.		
OCCUPATION	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. T.R.R.A.	
	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) Missouri		
FATHER	13. NAME Andrew Boeddeker	
	14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Sophie Huenke	
	16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)	
17. INFORMANT Miss Sophia Boeddeker (ADDRESS) 6115 Southwest Ave		
18. BURIAL PLACE St. John's Cem. DATE 6/5/39 , 19..		
19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave		
20. FILED JUN 5 1939 <i>J.D. Brubaker</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/2/39**, 19..

22. I HEREBY CERTIFY, That I attended deceased from **5-27-1939**, to **6-2-1939**
 I last saw him alive on **6-2-1939**. Death is said to have occurred on the date stated above, at **10:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Embolage
Hypertension
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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) **A. F. Kneppel**, M. D.
 (Address) **905 Marshall Ave.**

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.

1 X16005

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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2217 Lafayette

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.