

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

245
Do not use this space.

1. PLACE OF DEATH **FILED FEB 17 1940**

(a) County.....**2**..... Registration District No. **791**
 (b) Township.....**1005**..... Primary Registration District No. **1005**
 (c) City **St. Louis**..... (d) Street No. **2739 St. Ferdinand**..... Registered No. **245**
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **Rose Boegemann 255**

(a) Residence, No. **3939 St. Ferdinand**..... St. **11**.....
 (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 **F** 4. COLOR OR RACE **W** 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) **April 16, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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 **Henry Boegemann**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Mary Ostermann**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Catherine Shriner** (ADDRESS) **Maplewood, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Burial Calvary** DATE **1-11-1940** 19.

19. FUNERAL DIRECTOR (NAME) **Jay B. Smith** (ADDRESS) **7456 Manchester**

20. FILED **JAN 9 1940** **J.B. Brubaker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-8-1940** 19..

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **8:30A.** m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Cardiac Hypertrophy
 Date of onset

Other contributory causes of importance:
ABW

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **Josh M. Grew** M.D.
 (Address) **Deputy Coroner**

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

X-14028

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.....

H. A. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.