

Registration District No. 757 FILED FEB 13 1940 Primary Registration District No. 5998 Registrar's No. 7

1. PLACE OF DEATH:

(a) County St Charles  
(b) City or town Rural St Charles Township  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME HERMAN HENRY BOENKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Sandfert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 11th 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Charles, County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman Boenker 9  
13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Margaret Boenker  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Doc or B. Boenker

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof Jan 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Heilmann - B. Bue

(b) Address St Charles, Mo

19. (a) 1/12/40 (b) Doc or B. Boenker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE, OF DECEASED:

(a) State Missouri (b) County St Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Charles Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th  
year 1940 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from March 10, 1935 to Jan 11, 1940  
that I last saw him alive on Jan 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Devascularization Duration 5 mo.

Due to Rheumatic Heart Disease ?

Due to \_\_\_\_\_

Other conditions Chronic Arthritis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations 95% ?  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Boenker (M. D. or other) 1  
Address St Charles, Mo Date signed 1-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

1 X 1811

---

---

**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..... *Arthur C. Bane*.....

Licensed Embalmer No. *324*.....

P. O. Address..... *St Charles 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 this body is not embalmed, above space should be left blank.**