

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Boegeman **255**

3. (b) If veteran, name war None **8. (c) Social Security No.** 488-08-8782

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

6. (b) Name of husband or wife Single **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased April 25 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>4</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business Ideal Dress Shop

MOTHER FATHER

12. Name Bernard Boegeman

13. Birthplace Germany
(State or foreign country)

14. Maiden name Gessina Brinkman

15. Birthplace Germany
(State or foreign country)

16. (a) Informant Catherine Joyce

(b) Address 3933 Virginia Avenue

17. (a) Burial **(b) Date thereof** May 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm J. Robert L. + U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) MAY 1 1940 **(b)** J. Brinkman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **16**
(If outside city or town limits, write "RURAL")

(d) Street No. 3833 Virginia Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 20
1940 to Apr 29 1940
that I last saw ~~her~~ her alive on Apr 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Dr Compensator - Mitral and Aortic insufficiency

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 B. J. Freedom (M. D. or other)

Address 3115 E. Grand Date signed 5/1/40

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

John P. Fetter

Licensed Embalmer No. 3880

P. O. Address.....

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.