

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

Registration District No. 75 JUL 17 1940

Primary Registration District No. 3036

Registrar's No. 109

**1. PLACE OF DEATH:**  
 (a) County St Charles  
 (b) City or town St Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Joseph's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 5 1/2

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St Charles  
 (c) City or town St Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 830 Jefferson St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** OLIVER BOENKER  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 18th  
 year 1940 hour 10 minute 50 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Oliver Boenker 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased December 19th 1883  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 - 1940  
 \_\_\_\_\_, 19\_\_\_\_, to June 18, 1940;  
 that I last saw him alive on June 18, 1940;  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 56 Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia  
 Due to Nephrosclerosis  
 Duration 14 days

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

Due to \_\_\_\_\_ ?  
 Due to \_\_\_\_\_ 17!  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Henry H. Boenker  
 13. Birthplace St Charles County Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Julia Sandfort  
 15. Birthplace St Charles County Mo.  
 (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Oliver Boenker  
 (b) Address St Charles, Mo.  
 17. (a) Burial (b) Date thereof June 20, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lutheran Cemetery  
 18. (a) Signature of funeral director Hackman - Bave  
 (b) Address 326 N. 6th St St Charles Mo  
 19. (a) 6/20/40 (b) Clarence S. Hessler  
 (Date received local registrar) (Registrar's signature)

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

23. Signature John J. Hessler (M. D. or other) \_\_\_\_\_  
 Address St Charles Mo Date signed 6/29/40

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

---

---

**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. 9144

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.**