

AUG 25 1940 791

Primary Registration District No. 1003

State File No.

Registrar's No. 5730

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5217 Windsor Park Way
(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 Louise Boenecke 520

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

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

6. (b) Name of husband or wife Andrew Boenecke 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 25 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 10 hr. min.

9. Birthplace Germany 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 6

11. Industry or business.....

12. Name Charles Boettcher 6

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant August Boenecke

(b) Address 279 Pardella Ave., Lemay Mo

17. (a) Burial (b) Date thereof 7-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director James H Papp
(b) Address Kirkwood, Mo.

19. (a) JUL 5 1940 (b) J. F. Bederk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5217 Windsor Park Way 15
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 8:20 A. minutes M.

21. I hereby certify that I attended the deceased from June 8
..... 1940, to July 5 1940
that I last saw h. er. alive on July 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Chr.

Due to Chr. Nephritis

Other conditions Chr. Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations 131
Of autopsy.....

Duration

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 James H Papp (M. D. or other) MD
Address 2001 Church St Date signed 7/5/40

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.....

Louis H. Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis H. Bopp*.....
Licensed Embalmer No.....*921*.....

P. O. Address.....*Kirkwood 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, fact should be so stated above.