

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of town) (c) Name of hospital or institution: **4933 Blow St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)

RECEIVED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") (d) Street No. **4933 Blow St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10th.**, year **1940** hour **4** minute **25** p. M.

21. I hereby certify that I attended the deceased from **8-10-1940** to **11-10-40**, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: **General carcinoma**
Due to: **Carcinoma Caecum** 6 mo

Other conditions: **Arteriosclerosis** 5 yrs
(Include pregnancy within 3 months of death)

Major findings: **Inoperable carcinoma**
Of operations: **Caecum (9/40)**
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **William F. Boerner**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-07-0332**

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

6. (b) Name of husband or wife **Marie Boerner** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **June 16, 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **24**
If less than one day hr. min.

9. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Gustave Boerner**

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

14. Maiden name **Margaret Bopp**

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

16. (a) Informant **Mr. Ray Boerner**

(b) Address **4933 Blow St.**

17. (a) **Burial** (b) Date thereof **11-13-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **NOV 12 1940** (b) **J. F. Guder**
(Date received local registration) (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? _____

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

23. Signature **E. A. Vogel** (M. D. or other) **M.D.**
Address **3325 S Grand** Date signed **11/11/40**

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

Dr. Eugene A. Vogel
3325 S. Grand Blvd. Pr. 0549

10811

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

W. Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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.