

Registration District No. 1003

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 township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME Catherine M. Boedges

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

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

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

7. Birth date of deceased August 20, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hogankamp

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

14. Maiden name unknown

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

16. (a) Informant Charles Boedges

(b) Address 3755a Dunnica Ave.,

17. (a) burial (b) Date thereof 1/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 1-3-44 4016 Chippewa

19. (a) DEC 21 1940 (b) J. P. Predecki
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DDO
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 3755a Dunnica 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1941 hour 3 minute 10 a.m.

21. I hereby certify that I attended the deceased from Dec. 28th
1940 to Jan. 2nd, 1941.
that I last saw her alive on Jan. 2nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis & 6 days
airline infarct
Due to Hypertensive (arterio-sclerotic) 5 yrs

Other conditions Diabetes Mellitus 10 yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy Cardiac Infarct

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) Manner of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 3548 S. Howard Date signed 1/3/41

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

00
17
9

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.