

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23571
Registrar's No. 5913

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME Ella Boeckelmann
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman C. Boeckelmann 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Nov. 6th, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 13 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Phillip Weidinger
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elizabeth Schmidt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Boeckelmann
(b) Address 3210 Kossuth Ave.

17. (a) Burial (b) Date thereof 7-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 19 1941 (b) J. T. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 109
(If outside city or town limits, write "RURAL")
(d) Street No. 3210 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18,
year 1941 hour 8:40 minute..... A. M.
21. I hereby certify that I attended the deceased from July
14, 1941 to July 19, 1941;
that I last saw her alive on July 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension
Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
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 [Signature] (M. D. or other)
Address 1515 Lafayette Avenue Date 7/18/41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Robert L. Christman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

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.