

No. 2
1-4-41
5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40350
State File No. 10100
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 14 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Boeckmann
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 4, 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired grocer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr Harry M. Boeckmann

(b) Address 564 Stratford Ave U.C.

17. (a) Burial (b) Date thereof 12/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 22 1941 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 564 Stratford Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1941 hour 7:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 12/16/41 to 12/18/41
that I last saw him in alive on 12/18/41
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia Duration 12/17/41

Due to _____
Due to _____

Other conditions Spencer's delirium 10/1/41
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Autopsy _____

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

22. If death was due to external causes, fill in the following: 12/16/41

(a) Accident, suicide, or homicide (specify) Fall

(b) Date of occurrence 12/16/41 137

(c) Where did injury occur? Home (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) _____ (e) Means of injury Fall

23. Signature W. R. Beck (M. D. or other) _____

Address Humboldt Realty Date signed 12/19/41

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

MOTHER FATHER

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: *William G. Burkholder*
Licensed Embalmer No. *2110*
P. O. Address *St. Louis*

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.