V. S. No. 2
0M—1-4-41
v. 5-17-39
Mo I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3444

Primary Registration District No. 111

Registrar's No. 209

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1343 Purdue Ave.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene G. Boeringer.
3. (b) If veteran, name war None
3. (c) Social Security No. 489-18-1161
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu Boeringer.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September 12, 1862. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	14	hr. min.

9. Birthplace Hermann, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Store Room Keeper.
11. Industry or business Wagner Electric Corp.
FATHER 12. Name Dont Know.
FATHER 13. Birthplace Dont know. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont Know.
MOTHER 15. Birthplace Dont know. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Ralph W. Boeringer.
(b) Address 1343 Purdue Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) JAN 28 1942 (Date received local registrar) (b) C. H. McCarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26, th. year 1942 hour 6 minute P.M. M.
21. I hereby certify that I attended the deceased from Jan 23, 1942 to Jan 26, 1942 that I last saw him alive on Jan 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Senility	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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 None
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lewis J. Rudy (M. D. or other) MD
Address 6425 B Wilson St. Date signed 1/27/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.J.Reilly.
6125 Bartmer Ave.
Cabanny 5187
Hours 10-11 A.M.

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 3454 David E. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 576 Easton St. L. 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.