

FILED MAR 24 1942

Registration District No. **794**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2911 Osage St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2911 Osage St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH BOEING**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27**
year **1942** hour **5 25 A.** Minute _____ M.

21. I hereby certify that I attended the deceased from **Jan. 1942**
1942 to Feb. 27 1942
that I last saw him alive on **Feb. 26 1942**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

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

7. Birth date of deceased **June 4th 1880**
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis

Due to _____

Due to _____

Other conditions **Old eye**
(Include pregnancy within 3 months of death)

8. AGE: Years **61** Months **8** Days **23** hr. _____ min. _____

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

10. Usual occupation **Retired Day Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Boeing**

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

14. Maiden name **Gertrude Koppers**

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

16. (a) Informant **Eugene Boeing**

(b) Address **4024 Potomac St**

17. (a) **Burial** (b) Date thereof **March 2nd 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. PETER & PAUL**
Thorntons & son

18. (a) Signature of funeral director _____

(b) Address **2906 Gravois Ave**

19. (a) **MAR 1 1942** (b) **J. J. Mueck**
(Date received local registrar) (Registrar's signature)

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? _____

(e) Place of injury _____
(Specify type of place)

(f) Means of injury _____

23. Signature **Bernard Plach** (M. D. or other) _____

Address **3527 Osage St.** Date signed **2-28-42**

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.....

David M. Van Fossan

Registered Apprentice No. *280*

working under my personal supervision.

Signed.....

Thorsten

Licensed Embalmer No. *1619*

P.O. Address *2906 Grand*

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.