S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22216

State File No.

Registration District No. 789 Primary Registration District No. 200 Registrar's No. 1432

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6420 Wells Ave.
(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:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6420 Wells Ave. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME RAYMOND GEORGE BOENKER.

3. (b) If veteran, name war None

3. (c) Social Security No. 497-03-6494

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Margaret L. Boenker.

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased November 18, 1903. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	7	12	hr. min.

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

10. Usual occupation Assitant Foreman.

11. Industry or business Rawlings Mfg. Co.

FATHER
12. Name William Boenker.
13. Birthplace St. Charles, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Kronsbein.
15. Birthplace Forrestel, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Margaret L. Boenker.
(b) Address 6420 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Fleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUL 3 - 1942 (Date received local registrar) (b) E. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th.
year 1942 hour 6 minute P.M. M.

21. I hereby certify that I attended the deceased from 3/9/42, 19__, to 6/30/42, 19__;
that I last saw him alive on 6/30/42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive esophageal hemorrhage	immediate
Due to Aneurysm descending portion of arch of the aorta	?
Due to Hypertension	approx. 3 yrs.

Other conditions None
(Include pregnancy within 3 months of death)

30

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. J. Kotkis, M.D. (M. D. or other)
Address 462 N. Taylor Date signed 7/1/42

704

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. J. Hotkis.
462 N. Taylor Ave.
Jefferson 3010
1 to 3.30 P.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 C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.