

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19418

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5838

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5348 Ruskin Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LISSETTA B. BOENING.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-05-4311

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th. year 1943 hour 11 minute 50 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 24, 1886.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1st to June 27, 1943
that I last saw or alive on June 24, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56 8 0 hr. min.

Immediate cause of death
Carcinomatosis ovariana Oregia Inph.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

10. Usual occupation Inspector

11. Industry or business St. Louis Mazda Lamp Co.

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?

MOTHER FATHER {

12. Name William Boening.

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

14. Maiden name Emily Bloeser.

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irwin Magruder.

(b) Address 3821 Avendale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1943.
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

23. Signature Joseph Pleitsch (Specify type of place) (c) Means of injury or other

Address 5966-68 Easton Ave. Date signed 6/26/43

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUN 28 1943 (b) J. J. Bruesch
(Date received local health officer's report) (Registrar's signature)

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

Dr. J.A. Grosskreutz.
3601 Center Dr.
Hours 9 to 12 A.M.
Telephone ~~5~~ 188

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

Ben Hoffman
working under my personal supervision.

Registered Apprentice No. 346

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5766 Easton St. L-7

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.