

FILED AUG 14 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6832**

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: 3473 Grace 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

3. (a) PRINT FULL NAME

Anna Boeck

3. (b) If veteran, name war _____

3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Oct. 31 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Jean Huber

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Weng

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Charlotte A. Boeck

(b) Address 3473 Grace Ave.

17. (a) Burial (b) Date thereof Aug. 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wacker Helderle
3634 Gravois Ave.

(b) Address _____

19. (a) AUG 5 1944 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3473 Grace Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1944 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5 1943 to Aug 2 1944
that I last saw him alive on Aug 2 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Waseon Keffler 11/27/44

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 a

Major findings: Of operations _____

Of autopsy _____

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? _____

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

Signature Wacker Helderle (M. D. or other) _____
Address 3473 Grace Ave. Date signed 8/14/44

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 Frank J. Gland

Licensed Embalmer No. 2645

P. O. Address St Louis 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.