. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Coleman 3295

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2634

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Sands
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Highway 40
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Sands 0
(If outside city or town limits, write "RURAL")
(d) Street No. Old Highway 40
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August H.H. Boenker
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 27 (Day) 1856 (Year)

8. AGE: Years 88 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Elm Point (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business self
FATHER
12. Name John H. Boenker
13. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant William A.H. Boenker
(b) Address Robertson, Mo. R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo
19. (a) JAN 8 1945 (Date received local registrar) (b) E. G. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1944 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1942, to Dec. 28th, 1944
that I last saw him alive on Dec. 28th, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	24 hrs.
Due to Arteriosclerosis	2 yrs.
Due to 940	
Other conditions (Include pregnancy within 3 months of death)	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. T. Coleman M.D. (M. D. or other)
Address Pattonville Mo Date signed Dec. 30 44

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.