

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X38671

FILED MAY 26 1945
Registration District No. 318

Primary Registration District No.

1003

State File No.

Registrar's No.

4253

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4328 Lee Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4328 Lee Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick G. Boercker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if H. Boercker nee Butemeyer live 46 years
7. Birth date of deceased July 12, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist
11. Industry or business Prop.

MOTHER FATHER

12. Name William Boercker
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Hill
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel H. Boercker
(b) Address 4328 Lee Ave

17. (a) Burial (b) Date thereof 5/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 14 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1945 hour 4:10 PM minute M.

21. I hereby certify that I attended the deceased from 3/7/40
March 7, 1940 to May 12, 1945
that I last saw him alive on May 12, 1945
and that death occurred on the date and hour stated above. 45

Immediate cause of death Uremic Poisoning Duration 6 mos
Heart failure - chronic 10 yrs.
Due to Carcinoma of Urinary Bladder
Due to myocardial heart disease
Other conditions none (Include pregnancy within 3 months of death) 52

Major findings: Carcinoma of Bladder PHYSICIAN
Of operations Dr. Deakin Underline the cause to which death should be charged statistically.
Of autopsy none necessary

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other)
Address Center Bldg # 306 Date signed 5/17/45

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 William G. Bushby

Licensed Embalmer No. 2110

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.