

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

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Missouri Baptist Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00-0**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **3/7**
 (d) Street No. **3145 Hampton Avenue** No. **9** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Linnie C Boefer**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **F** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **married**

6. (b) Name of husband or wife **Henry A Boefer** **6. (c) Age of husband or wife if alive** **58** years

7. Birth date of deceased **5** **16** **1892**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **12**
 year **1946** hour **3** minute **00** A. M.

21. I hereby certify that I attended the deceased from **April 29** 19**46** to **May 11** 19**46**
 that I last saw her alive on **May 11** 19**46**
 and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **25** **25** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER { **12. Name** **Joseph Cavalle**
13. Birthplace **Italy** **5**
 (City, town, or county) (State or foreign country)
14. Maiden name **Celeste** **Unknown**
15. Birthplace **Unknown** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Henry A Boefer**
 (b) Address **3145 Hampton Avenue, St. Louis, Mo**

17. (a) Cremation **MO Crematory** (b) Date thereof **5-15-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

C. HORTON & SONS COLONIAL MORTUARY

18. (a) Signature of funeral director **6464 Chippewa, St. Louis, MO.**
 (b) Address _____

19. (a) **MAY 14 1946** **J.P. Bredbeck**
 (Date received local registrar) (Registrar's signature)

Immediate cause of death **Coronary Occlusion** **2 weeks** Duration

Due to **Arterio Sclerosis** **years**

Due to _____

Other conditions **9/4**
 (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? _____

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

23. Signature **Alfred M. Langenbach** (M. D. or other) **M.D.**
 Address **5427 Southwest Ave** Date signed **May 13/46**

Dr. Langenbach
5427 Southwest

St. 1177 10-11
2-3
L0 0711 7-8

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.