

No. 2
-12-45
-5-17-39
1 X47070

FILED NOV 31 1946

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Since 10-17-46
(Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County D. A. D

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

(d) Street No. 1824 So. 9th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BOESEL, Bert

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cora

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

7. Birth date of deceased May 1, 1881
(Month) (Day) (Year)

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

65 5 24 hr. min.

9. Birthplace Carnie, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER

12. Name Adam Boesel,

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

14. Maiden name Mary Porter

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

16. (a) Informant Registrar, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director McLaughlin Undertakers

(b) Address St. Louis, Missouri

19. (a) 10-29-46 (b) Ruth D. Allen MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1946 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from October 17, 1946, to October 25, 1946, that I last saw him alive on October 25, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL INSUFFICIENCY

Duration UNK.

CONTRIBUTORY: CHRONIC FIBROID TUBERCULOSIS; PULMONARY EMPHYSEMA

Duration UNK.

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: No Operation

Of operations _____

Of autopsy: Autopsy performed (See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? L. E. Stilwell (Specify type of place) Means of injury 0

23. Signature L. E. STILLWELL, M.D., (M. D. or other)

Address Vet. Adm. Hosp., Jeff., Bks., MO. Date signed 10-25-46

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

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.....

C. H. Cooper

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.