

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 4 1948
Registration District No. 2078

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
3068

State File No. 31584
Registrar's No. 2078

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3016

1. PLACE OF DEATH:
(a) County St. L.
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3514 Cambridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sophie Boerner
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Otto Boerner 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 5, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name Adam Dill
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Wolff
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Ross

(b) Address 3530 Oxford

17. (a) Burial (b) Date thereof 9-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7226 Manchester

19. (a) 9-7-48 (b) Bevel A. G. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3514 Cambridge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 3
year 1948 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from 3-5-48
....., 19....., to 9-3-48, 19.....;
that I last saw her alive on 9-3-48, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid with general metastasis
Due to 462
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 James B. Meadows (M. D. or other)
Address 27 Central Date signed 9-4-48

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

H. Burgess

Licensed Embalmer No. *4029*

P. O. Address. *Maplewood*

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.