

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 37882

Registrar's No. 10651

Registration District No. 318

Primary Registration District No. 1003

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Nealen E. Boeckler

3. (b) If veteran, name war No

3. (c) Social Security No. 450-07-1820

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paula 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Sept. 12 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Asst. Sales Mgr.

11. Industry or business Globe Steel Tube Co.

12. Name Charles Boeckler

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

14. Maiden name Louise Frey

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

16. (a) Informant Paula Boeckler

(b) Address 1119 Culver Hill Dr.

17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director J. P. Pfitzinger

(b) Address Kirkwood, Missouri

19. (a) DEC 8 1948 (b) J. Boeckler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 1119 Culver Hill Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1948 to Dec 7 1948
that I last saw him alive on Dec 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinosis of Liver

Due to Metastatic Carcinoma
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy As above

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 0
23. Signature Carl P. Pfitzinger (M. D. or other) _____
Address Humboldt Bldg Date signed 12-8-48

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

MOTHER FATHER

JAN 3 1949

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

John M. Meyer

Licensed Embalmer No. *5388*

P. O. Address. *Kirkwood 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.