

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2475
657

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
c. LENGTH OF STAY (In this place) 1 Day				d. STREET ADDRESS (If rural, give location) 5009 A. Union Blvd.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 5009 A. Union Blvd.				
3. NAME OF DECEASED (Type or Print)			a. (First) Herman			b. (Middle) L.		
			c. (Last) Boedeker			4. DATE OF DEATH (Month) (Day) (Year) 1-21-49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH 7-8-1889		
						9. AGE (In years last birthday) 59		
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Watchman		
						11. BIRTHPLACE (State or foreign country) St. Louis Mo		
						12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Bernard Boedeker			13b. MOTHER'S MAIDEN NAME Theresa Schrautemier			14. NAME OF HUSBAND OR WIFE Genevieve Boedeker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach					
			*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
			DUE TO (b) Perforation					
			DUE TO (c) Hg					
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 1-16-49			19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with perforation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec 16 1949 to 1-20-49, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at midnight, 1-21-49, from the causes and on the date stated above.								
23a. SIGNATURE Ham Sander M.D.			23b. ADDRESS 6347 Grand Blvd			23c. DATE SIGNED 1-22-49		
24a. BURIAL, CREMATION, REMOVAL Burial			24b. DATE 1-25-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 23 1949			REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly, 3840 Lindell		

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

MAR 1 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. H. Van Matre

Signed _____
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 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.