

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 27755

No. 300
10-48

FILED SEP 9 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>157</u>			
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson Rural Pt. 96</u>					
c. LENGTH OF STAY (If in this place) <u>4 hrs</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Pt # 2. 0</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Joseph hospital 0</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>H. E</u>		c. (Last) <u>Boenker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 10 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>August 18 1867</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>St Charles County 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Boenker</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Hollrah</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Boenker</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Boenker Robertson Rt 2</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Neoplasm</u>				ANTECEDENT CAUSES <u>Prostatectomy</u>				<u>6 day</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>				<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>Aug 1</u> , 19 <u>49</u> , to <u>Aug 10</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>49</u> , and that death occurred at <u>4 15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. J. ... M.D.</u>				23b. ADDRESS <u>St Charles, Mo</u>		23c. DATE SIGNED <u>8/12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles MO</u>				
DATE RECD BY LOCAL REG. <u>9-2-49</u>		REGISTRAR'S SIGNATURE <u>Francis H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St Charles Mo</u>					

RECEIVED
SEP 6 1919
District Health Officer No. 9,
District File Number

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 Arthur C. Bause

Signed.....
Student Embalmer

Licensed Embalmer No. 3155

P. O. Address St Charles 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.