

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15313

State File No. ....

317

3067

1090

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b> 4111	
c. LENGTH OF STAY (in this place) <b>YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>108 Thoroughman</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>108 Thoroughman</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Boeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-26-1950</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> ✓	8. DATE OF BIRTH <b>May 16, 1864</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b> 0	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Patrick Garrigan</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Murman</b>	14. NAME OF HUSBAND OR WIFE <b>Ed. H. Boeck</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dr. S. Garrigan</b>	ADDRESS <b>5900 Kennerly</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis.</b>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>422.1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 1936**, to **April 26, 1950**, that I last saw the deceased alive on **4-26, 1950**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Miller</b> 0	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1506 Hadamant Ave</b>	23c. DATE SIGNED <b>4-27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-28-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR <b>APR 27 1950</b>	REGISTRAR'S SIGNATURE <b>Robert K. Blank</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meick Bro. Und. Co.</b>	ADDRESS <b>2201 S. Grand Bl.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1506 Wash. Avenue

**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.

Student .....  
Student Embalmer

Signed James R. Dunn  
Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

**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.