

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25736

State File No. ....

FILED JUL 18 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 135

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY: <u>Sullivan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Marshall Twp.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Maplewood, Mo 4544</u>                                       |  |
| c. LENGTH OF STAY (in this place)<br><u>4 days</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>2521 Marshall Twp.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Missouri State School</u>                      |  |   |  |

|  |                                  |  |  |  |   |
|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Engene</u> b. (Middle) <u>-</u> c. (Last) <u>Boeger</u>                  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 9 1940</u> |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OF RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never married</u> | 8. DATE OF BIRTH<br><u>Nov 20-1912</u>                         |  | 9. AGE (In years last birthday) <u>20</u><br>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)<br><u>Phone Mt. St. Louis School</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |                                  |  |  |  |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>Joseph Boeger</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Annied McCondy</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>-</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Richard W. State School Mo.</u> |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Bronchial)</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Pneumonia</u> |  |   |
|   | DUE TO (c) _____   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>-</u>   |  |  | <u>2060</u>                                       |

|  |  |   |   |
|--|--|---|---|
| 19a. DATE OF OPERATION                               | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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) (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 Aug 16, 1949, to July 9, 1940, that I last saw the deceased alive on July 9, 1940, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

|   |  |                             |  |  |  |   |  |
|---|--|-----------------------------|--|--|--|---|--|
| 23a. SIGNATURE<br><u>James H. Overdorch</u>                 |  | (Degree or title)           |  | 23b. ADDRESS<br><u>Mo. State School</u>                |  | 23c. DATE SIGNED<br><u>July 9-50</u>                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> |  | 24b. DATE<br><u>7-10-50</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Maplewood</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Maplewood Mo.</u> |  |

|   |  |     |   |
|---|--|-----|---|
| DATE REC'D BY LOCAL REG.<br><u>July 10-1950</u> | REGISTRAR'S SIGNATURE<br><u>Sidney J. Gray</u> | 385 | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><u>Campbell-Rivers-Marshall</u> |
|---|--|-----|---|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

270  
2

710

**RECEIVED** 7-15-58  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7-15-58

**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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *James H. Lewis* \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1171

P. O. Address *Marshall - 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.