

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31546

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7738

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 3447 Wyoming Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3447 Wyoming Street			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Frederick c. (Last) Boxberger			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) Hot Springs, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Christ Boxberger		13b. MOTHER'S MAIDEN NAME Eva Biebel		14. NAME OF HUSBAND OR WIFE Frances Brendle Boxberger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Boxberger, 3447 Wyoming	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho Pneumonia		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infection from Acute DUE TO (c) Bronchiectasis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mild Diabetes for 3 years					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 576X		

22. I hereby certify that I attended the deceased from Dec 1938, 19 to Sept. 11, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>James G. ...</i>		(Degree or title) M.D.		23b. ADDRESS 3963 ...		23c. DATE SIGNED Sep 12 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/14/50		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 13 1950		REGISTRAR'S SIGNATURE <i>J.B. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME		ADDRESS 1936 St. Louis	

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

Dr. Horace W. Soper,

3903 Olive Street

Hours 8 - 12

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Delis J. Krupine*

Signed.....
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.