

S. No. 300
V. 10.48

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2367

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 716			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL				f. STREET ADDRESS (If rural, give location) 4116 SHAW BLVD					
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) E c. (Last) BOEGER			4. DATE OF DEATH (Month) (Day) (Year) JAN 21 1951						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 24-1899			
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUS OPERATOR		9b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE		11. BIRTHPLACE (State or foreign country) MEXICO MO		12. CITIZEN OF WHAT COUNTRY? MO			
13a. FATHER'S NAME HENRY BOEGER			13b. MOTHER'S MAIDEN NAME DINA BUDKE		14. NAME OF HUSBAND OR WIFE AMALIA BOEGER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amalia Boeger 4116 Shaw Blvd					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vas-dis Antecedent Causes Hemorrhage of lent. striate art Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 6-8 mo 4 marriage	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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? Hit by					
22. I hereby certify that I attended the deceased from 9/6/1950, to 1-21, 1951, that I last saw the deceased alive on 1-21, 1951, and that death occurred at 4:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John J. Hammond M.D.				23b. ADDRESS 11634 N. Grand		23c. DATE SIGNED 1/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-24-1951		24c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM CEM		24d. LOCATION (City, town, or county) (State) ST LOUIS Mo			
DATE REC'D BY LOCAL REG. JAN 23 1951		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Robert Linyard & Sons Co - 1905 S. Grand					

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

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 Ronald O Yahake

Licensed Embalmer No. 3917

P. O. Address St Louis 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.