

FILED JUN 5 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17842

4822

Registrar's No. 4822

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17842		Registrar's No. 4822			
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) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 75 Yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5000 So. Broadway				STREET ADDRESS (If rural, give location) 5000 So. Broadway 0							
3. NAME OF DECEASED (Type or Print) Bertha			a. (First)		b. (Middle) J.		c. (Last) Boecker		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH Sept. 14, 1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME August Boecker			13b. MOTHER'S MAIDEN NAME Wilhelmina Meile			14. NAME OF HUSBAND OR WIFE Single					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Hanke, 5000 So. Broadway						
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) <i>Angina Pectoris</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>Arterial hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201						
22. I hereby certify that I attended the deceased from <i>Mar 20, 1947</i> to <i>May 21, 1951</i> , that I last saw the deceased alive on <i>May 21, 1951</i> , and that death occurred at <i>2:30 P m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>J. C. Herchauer, M.D.</i>					23b. ADDRESS <i>5000 S. Broadway</i>			23c. DATE SIGNED <i>5/21-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. MAY 23 1951		REGISTRAR'S SIGNATURE <i>J. B. Karsten</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. H. INC., 1936 St. Louis Ave.						

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Herschenroeder
5000 So. Broadway

After 11:30 A.M.

JUL 20 1951

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.....
Student Embalmer

Signed

Max L. Waibel

Licensed Embalmer No. 4170

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.