S. No. 300
v. 10.48

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2434

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles
c. LENGTH OF STAY (in this place) 39 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Adie & Morrow Dr 1 4000
d. STREET ADDRESS (If rural, give location) Box 650 Route 7 Overland

3. NAME OF DECEASED (Type or Print) a. (First) Aleida b. (Middle) Johanna c. (Last) Boenker

4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1952

5. SEX Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Nov. 8, 1888
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 2 Days 25 IF UNDER 24 HRS. Hours ✓ Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Pattonville Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hugo Asmus Sr.
13b. MOTHER'S MAIDEN NAME Mary Amelung
14. NAME OF HUSBAND OR WIFE August J. H. Boenker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME August J. H. Boenker ADDRESS Pattonville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 12 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1951, to Feb. 3, 1952, that I last saw the deceased alive on Feb. 3, 1952, and that death occurred at 6 15 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS St Charles Mo.
23c. DATE SIGNED 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 6 1952
24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cem
24d. LOCATION (City, town, or county) Pattonville (State) Mo

DATE REC'D BY LOCAL REG. Feb 5-52
REGISTRAR'S SIGNATURE Fannie Hamilton 244-0
25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros ADDRESS 2504 Woodson Rd Overland 14, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1955

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 3454

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

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.