

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23081

State File No.

200
4

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

JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1631

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) Affton
c. LENGTH OF STAY (In this place) 6 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 230 Kayser Ave.

3. NAME OF DECEASED
a. (First) Margaret
b. (Middle) _____
c. (Last) Boemker

4. DATE OF DEATH
(Month) (Day) (Year)
June 16 1952

5. SEX Female
6. COLOR OR RACE White
7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)) Widowed

8. DATE OF BIRTH Jan. 13 1884
9. AGE (In years) (If under 1 year: Months) (If under 12 months: Days) (If under 24 hours: Hours) (Min.) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Florissant Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Anthony Kienstra
13b. MOTHER'S MAIDEN NAME Dont Know
14. NAME OF HUSBAND OR WIFE Geo. Boemker Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. F. Boemker 7015 Edison Ave.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Rt. Side)
ANTECEDENT CAUSES Ch. arteria Sclerosis
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.

INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
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 Jan 5, 1952 to June 16, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Walters M.D.
23b. ADDRESS 3608 S. Grand Ave. 1870
23c. DATE SIGNED 6/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 19 1952
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 6-17-52 REGISTRAR'S SIGNATURE Nesbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont A

S.W. (Licensed Embalmer's Statement on Reverse Side)

Dr. W. H. Walters
3608 So. Grand Ave.
La. 7891

2-4 P.M.
Today.

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

John J. Harris

Licensed Embalmer No. *4108*

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.