

STANDARD CERTIFICATE OF DEATH

State File No. **38086**

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. **36** PRIMARY REG. DIST. NO. **4531** Registrar's No. **55**

1090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (in this place) 3-Mo.		d. STREET ADDRESS (If rural, give location) "Rural" Elm Street Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Memorial Home			

3. NAME OF DECEASED (Type or Print) Henry		a. (First) F.		b. (Middle) Boekemeier		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 11, 1874		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Ret.		10b. KIND OF BUSINESS OR INDUSTRY Home Building		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Bernard Boekemeier		13b. MOTHER'S MAIDEN NAME Maria Niederhelmann		14. NAME OF HUSBAND OR WIFE Alvina Barklage	
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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. 496-14-9544		17. INFORMANT'S SIGNATURE OR NAME Loren Boekemeier		ADDRESS St. Charles, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		ANTECEDENT CAUSES				sh	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Spurious myocardi				sh	
		DUE TO (c) Senility				sh	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **July 16, 1953**, to **Oct 15, 1953**, that I last saw the deceased alive on **Oct 13, 1953**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Floyd Logan M.D.		23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 10-17-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles Missouri	
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DATE REC'D BY LOCAL REG. 10-17-53		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dellmeyer & Sons, St Charles, Mo.		ADDRESS	
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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

Frank R. Goulet

Licensed Embalmer No. 4832

P. O. Address St. Charles, 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.