

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 DAYS</b>		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>245 S. Union Blvd</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>A. FINCK</b>		c. (Last) <b>BOEGER.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 9, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 10, 1869</b>	
9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Linn, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Dietrich Finck.</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Fisher.</b>		14. NAME OF HUSBAND/OR WIFE <b>Louis Boeger.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Walter Boeger, 48 Willow Hill Rd., Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Left lower lobe pneumonia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>  <b>years</b>  <b>1 week</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>490X</b>			
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? -----			
22. I hereby certify that I attended the deceased from <b>June 19 47</b> , to <b>April 9</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>April 9</b> , 19 <b>54</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. Saunigarten, M.D.</i>				23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>4/9/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>4-12-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>APR 10 1954</b>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**