

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14493

State File No. ....

FILED MAY 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 1047

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>8 Weeks</u>		e. STREET ADDRESS (If rural, give location) <u>3909 Juniata St. 2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADOLPH</u>	b. (Middle) <u>CARL</u>	c. (Last) <u>BOEFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Engineer-American Thermometer Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Boefer</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Schoenberg</u>	14. NAME OF HUSBAND OR WIFE <u>Berty Boefer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No None</u>	16. SOCIAL SECURITY NO. <u>285-05-3761</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Berty Boefer</u>	ADDRESS <u>3909 Juniata St.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>5 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of The Lung</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis - Inf. Vein Cause</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) <u>163X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 3-3, 1954, to 5-1, 1954, that I last saw the deceased alive on 4-30, 1954 and that death occurred at 9:12 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Wmphy MD</u> (Degree or title)	23b. ADDRESS <u>508 N Grand Ave</u>	23c. DATE SIGNED <u>5-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/4/54</u>	REGISTRAR'S SIGNATURE <u>Robert R. Stambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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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 *Richard W. Storey*.....

Licensed Embalmer No..... 40

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.