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FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10272

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ST. CHARLES</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. CHARLES</b>	
c. LENGTH OF STAY (In this place) <b>62 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>417 BOONE AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>ST. CHARLES</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JUSTIN</b> b. (Middle) <b>W</b> c. (Last) <b>BOENKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 19 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 28, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Days <b>0</b> Hours <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COLLEGE</b>	11. BIRTHPLACE (State or foreign country) <b>ST. CHARLES COUNTY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HENRY BOENKER</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA SANDFORT ALVINA (AMERLAND) BOENKER</b>	14. NAME OF HUSBAND OR WIFE <b>ALVINA BOENKER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ALVINA BOENKER</b>	ADDRESS <b>ST. CHARLES MO</b>
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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) <b>Acute Myocardial Infarction</b>		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>5 Days</b>
*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 (c)		<b>2 Years</b>
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 checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 March 18, 1956, to March 19, 1956, that I last saw the deceased alive on March 18, 1956, and that death occurred at 4:55 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>3-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DAK GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. CHARLES MO</b>
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DATE REC'D BY LOCAL REG. <b>March 21 1956</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. L. Prinster</b>	ADDRESS <b>St. Charles Mo</b>
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(Licensed Embalmer's Statement on Reverse Side) **PRINSTER HUGHES FUNERAL HOME INC.**

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

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MAR 28 1956

MAR 29 1956

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.....

.....  
working under my personal supervision.

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

Signed.....

*Stanley H. Dilon*

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.