

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022702

STATE FILE NUMBER

FILED JUN 19 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 4774**

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>House Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hosp</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Rt 2 Box 48 H.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>J.</u> Last <u>BoeckenKamp</u>				4. DATE OF DEATH Month <u>5</u> Day <u>15</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-16-1889</u>	
9. AGE (In years last birthday) <u>70</u>		10. F UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Days		12. IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst Cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANK</u>		11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G.H. BoeckenKamp</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Woerli</u>			14. NAME OF HUSBAND OR WIFE <u>Amanda</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>AMANDA BoeckenKamp</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Posterior myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Marked coronary arteriosclerosis</u>						?	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>2-11-49</u> to <u>5-15-59</u> and last saw <sup>him</sup> alive on <u>5-14-59</u> Death occurred at <u>4:10 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. Mueller</u> (Degree or title) M.D.			22b. ADDRESS <u>634 N. Grand Blvd.</u>			22c. DATE SIGNED <u>5/15/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/18/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		23d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u>		
24. FUNERAL DIRECTOR <u>A. More</u> ADDRESS <u>2707 W. Grand</u>			25. DATE RECD. BY LOCAL REG. <u>MAY 16 59</u>		26. REGISTRAR'S SIGNATURE <u>Karl Smith M.D.</u>		

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 *W E Morris* .....

Licensed Embalmer No. *3360* .....

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