

DEC 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41214
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 297
(b) Township _____ Primary Registration District No. 3016 Registered No. 90
(c) City Washington, Mo. (d) Street No. St. Francis Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 45 yrs. 11 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DAVID H. BOECKMANN
(a) Residence, No. Washington, Mo. R. F. D. # 2 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Adeline Kopp Boeckmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14th 1891
7. AGE YEARS 45 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Aug. 1937
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Chas. H. Boeckmann
14. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Becker
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Chas. H. Boeckmann
(ADDRESS) Washington, Mo. R. F. D. # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Nov. 19th 1937

19. FUNERAL DIRECTOR Nielburg & Vitt, Inc.
(ADDRESS) Washington, Missouri

20. FILED Nov. 17 - 37 H. A. May
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16th 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1937 to Nov. 16, 1937, 19____
I last saw him alive on Nov. 16, 1937, 19____. Death is said to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease Date of onset 4-15-35
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Other contributory causes of importance:
Mitral Stenosis 10-18-37

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Remondet, M. D.
(Address) Washington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, G. J. Heiberg, Licensed Embalmer No. 2387

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed G. J. Heiberg
Licensed Embalmer No. _____

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.)