

APR 13 1939

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

12083
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757
(b) Township St. Charles Primary Registration District No. 3036
(c) City St. Charles (d) Street No. 7004 1/2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 326 St. Charles St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11th 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 1 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo
13. NAME Dietrich Boedecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Marie Duerfeldt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo
17. INFORMANT Mrs. Lizzie Duckworth (ADDRESS) 700 1/2 St. Charles Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sutherland Cem. DATE March 13th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Hallmeyer, St. Charles Mo
20. FILED 3/11 1939 Clarence J. Neuler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10th 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to March 10 1939
I last saw him alive on March 10 1939. Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Emphysema
Chronic Hypertension
Date of onset Nov 1 1938
Other contributory causes of importance: 1938
Name of operation Chronic Date of Nov
What test confirmed diagnosis? Chronic Was there an autopsy? Yes
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 Chronic
(Signed) H. C. Hallmeyer, M. D.
(Address) 20 Chas. 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.