DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34537

Registration District No. 1003 Primary Registration District No. Registrar's No. 9075

1. PLACE OF DEATH:

(a) County: FILED NOV 13 1939

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4131 California
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 15

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4131 California
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Bernard J. Boxmeyer 256

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Anna Boxmeyer 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: February (Month) 18 (Day) 1867 (Year)

8. AGE: Years 72 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Retired paymaster 6

11. Industry or business: 0

FATHER
12. Name: Richard Boxmeyer
13. Birthplace: ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Nuelle
15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Mrs. Jennie Rausch
(b) Address: 4131 California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.

18. (a) Signature of funeral director: [signature]
(b) Address: 3013 Meramec

19. (a) OCT 25 1939 (Date received local registrar) (b) J. F. Bedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1939 hour 4.25 minute P. M.

21. I hereby certify that I attended the deceased from 8-3-39 ....., 19....., to 10-22, 1939; that I last saw her alive on 10-22-39, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to .....

Due to .....

Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence: —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury .....

23. Signature: Bernard Flock (M. D. or other)
Address: 3527 Osage, St. Louis Mo. Date signed 10-24-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39 Rev. 5-17-39 1 X19511

[illegible] 3958 S. [illegible]
11 a.m. to 1 P.M.

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 [illegible], Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2906

P. O. Address 3013 [illegible]

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.