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1008

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37623

State File No. \_\_\_\_\_  
Registrar's No. **9462**

Registration District No. 1008 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County 2  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
4622 St. Louis Avenue  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME LULA BOESE  
8. (b) If veteran, name war no 8. (c) Social Security No. non  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Richard Boese 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased August 3rd 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name John Buckner  
13. Birthplace Missouri  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant's own signature Richard Boese  
(b) Address 4622 St. Louis ave.  
17. (a) Burial (b) Date thereof 11-8-39  
(c) Place: burial or cremation St. Johns Cemetery  
18. (a) Signature of funeral director H. Lidner and Co  
(b) Address 1417 N. Market St  
19. (a) NOV 6 1939 (b) J.F. Buckner

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(d) Street No. 4622 St. Louis Ave  
(e) No attending physician years \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 4  
year 1939 hour \_\_\_\_\_ minute 40 P  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Cardiac Myopathy

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: A 2 W  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
28. Signature Joseph M. Lueker  
Address Deputy

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2225 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, above space should be left blank.**