

44479

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 757

Primary Registration District No. 3036 5994

Registrar's No. 186

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Russell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Russell Route 1 2
(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 Missouri (b) County St. Charles
(c) City or town Russell
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME William Boeding

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 Widowed

6. (b) Name of husband or wife Margaret Sudentrop 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles County
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Boeding

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reckling

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lawrence Boeding

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec. 19-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's C. of S. St. Charles, Mo.

18. (a) Signature of funeral director N.C. Bellmeyer & Sons Co.

(b) Address 802 N. Second St. Charles, Mo.

19. (a) 12/18/39 (b) Lawrence G. Huel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1939 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from December 14, 1939, to December 16, 1939;
that I last saw him alive on December 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (terminal lobes) 1 1/2 days

Due to auricular fibrillation
& pulmonary edema 10 8 ?

Due to _____
Other conditions Generalized arteriosclerosis 10 years
(Include pregnancy within 3 months of death)

Major findings: _____
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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature George E. Kuter (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 12/19/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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.