V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23513

Registration District No. 791 AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 5958

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 2
(If outside city or town limits write "RURAL")

(d) Street No. 5508a Rosa Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernard A. Boedges 326

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha C. Boedges

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 29th (Day) 1880 (Year)

8. AGE: Years 60 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Asst. Supt. of Post Office

11. Industry or business

FATHER
12. Name John Boedges
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Helen Reihers
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Bertha C. Boedges
(b) Address 5508a Rosa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 16 1940 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1940 hour 9:50 minute P.M. M.

21. I hereby certify that I attended the deceased from July 4 1940, 19, to July 14, 1940, that I last saw him alive on July 14, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral bronchopneumonia	6 days
Due to Chronic cholecystitis & cholelithiasis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Removed gall bladder filled with gall stones.

Of autopsy Hypostatic pneumonia both lung. Pleural fibrosis

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)
(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 (M. D. or other) MD
Address 3548 S Grand Date signed 7/15/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Weinsberg W.C.
3548 So Grand Ave
2-4 LA:3637

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.