

Registration District No. **791** Primary Registration District No. **1003**

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:
3990 Tholozan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **10** years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3990 Tholozan Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **MRS. WILHELMINA BOEDEKER**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **13**
year **1940** hour **10** minute **30 A.M.**

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

21. I hereby certify that I attended the deceased from **11-11-40**
_____, 19____, to **11-13**, 19**40**;

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

that I last saw her alive on **11-13**, 19**40**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **William Boedecker** 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Cerebral Hemorrhage**

7. Birth date of deceased **January 28, 1862**
(Month) (Day) (Year)

Duration _____
Due to _____
Due to _____

8. AGE: Years **78** Months **9** Days **16** If less than one day
hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Waterloo Illinois**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Household**

11. Industry or business _____

12. Name **William Pieper**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Wilbert Wagner**

(b) Address **3990 Tholozan Avenue**

17. (a) **Burial** (b) Date thereof **Nov. 16, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wartburg, Illinois**

18. (a) Signature of funeral director **Biederwieden Funeral Home**
(b) Address **1936 St. Louis Avenue**

19. (a) **NOV 14 1940** (b) **J. B. Boedecker**
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature **A. F. Plag** (M. D. or other) _____

Address **3150 Morganfield Rd** Date signed **11/13/40**

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

Dr. Play
3150 Margraf

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
Harold Strawn, Registered Apprentice No. 257
working under my personal supervision.

Signed: [Signature]

Licensed Embalmer No. 2727

P. O. Address 1936 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, fact should be so stated above.