S. No. 2
—4-13-40
5-17-39
I-X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40980

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10751

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4272 Miami Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Herman A. Boeckelmann

3. (b) If veteran, name war ------

3. (c) Social Security No. 494-03-8414

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lydia Boeckelmann

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January 8, 1900
(Month) (Day) (Year)

8. AGE: Years 40 | Months 11 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Various 6

FATHER
12. Name William Boeckelmann 1
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

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

16. (a) Informant Lydia Boeckelmann
(b) Address 4272 Miami Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

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

19. (a) DEC 28 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1940 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-21-40, 19__, to 12-25, 1940
that I last saw him alive on 12-24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis rheumatic bodies ~~of~~ cardiac failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — none

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) —
(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 Wm. B. Kaiser (M. D. or other) M. D.
Address 4500 Oline Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm. D. Kountz
4500 Olive
1:30 - 3:00 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.