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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 84

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 166

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 Hosp. O
(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 Mo. (b) County 23

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

(d) Street No. 2621 Ann Av. O
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 66 years.

3. (a) PRINT FULL NAME Maria W. Boeck

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Conrad Boeck

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

7. Birth date of deceased April (Month) 24 (Day) 1854 (Year)

8. AGE: Years 87 Months 8 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Carl Schreier
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Emma Boeck
(b) Address 2621 Ann Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Witt Bros. L & Co
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1942 hour 5 minute 40 p. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1942, to Jan 6, 1942
that I last saw her alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 years
Due to arterial sclerosis	20 years?
Due to Mitral Regurgitation	??
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. Dimko O (M. D. or other)
Address 3450 Grover Ave Date signed 1/7/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 217

P. O. Address 2929 S. Jefferso

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

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