

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5033 Murdoch
(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 14 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5033 Murdoch
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1942 hour 3:00 minute P M.
21. I hereby certify that I attended the deceased from Jan. 22 - 1942
to Feb 6 - 1942
that I last saw him alive on February 6 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Asthenia
Duration 1 week

Due to Emphysema - Arterio - Sclerosis

Due to _____

Other conditions Acute Cystitis - Chyliferous Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95 11 18
Of autopsy 95 11 18
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Dr. Leo P. Young (M. D. or other) _____
Address 2621 S. Jefferson Date signed 2/7/42

3. (a) PRINT FULL NAME Henry C. Boecker

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

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

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

7. Birth date of deceased September 17, 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Louis Boecker

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

14. Maiden name Unknown

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

16. (a) Informant James Hillbert
(b) Address 5033 Murdoch, St. Louis, Mo

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 6464 Chippewa, St. Louis, Mo

19. (a) FEB 9 1942 (b) J. F. Budock
(Date received local registration) (Registrar's signature)

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

Dr. L. P. Young
2621 S. Jefferson Ave.,
St. Louis, Mo.
La. 3585
2:00 -4:00 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 *Linus C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.