

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4108

State File No. \_\_\_\_\_

FILED MAR 17 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 1618

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 St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Joseph Boennighausen

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Elizabeth  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 14, 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Supt.

11. Industry or business Mound City Paint Co.,

12. Name Geo. Boennighausen

13. Birthplace Unknown  
(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 Bernard Boennighausen

(b) Address 3719 Gustine

17. (a) Burial (b) Date thereof Feb. 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Edgar Berg

(b) Address 2842 Meramec St.

19. (a) FEB 22 1942 (b) J. G. Brodeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3719 Gustine  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th  
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 29, 1941 to Feb. 20, 1942  
that I last saw him alive on Feb. 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
with Hypertrophy & Dilatation lyr  
Due to \_\_\_\_\_  
Arterio-Sclerosis lyr  
Due to \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature A. W. Peters (M. D. or other) M. D.  
Address 4145 a S. Grand Blvd. Date signed 2/21

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

Joseph S. Benz

, Registered Apprentice No. 218

working under my personal supervision.

Signed

*Laron C. Gentry*

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address.....St. Louis, Mo.

**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.**