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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31172

State File No.

Registration District No. 457 Primary Registration District No. ~~3036~~ 3058 Registrar's No. 358

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 529 Jackson Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles (If outside city or town limits, write "RURAL") 7

(d) Street No. 529 Jackson Street (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John F. Boenker

3. (b) If veteran, name war No

3. (c) Social Security No. 494-03-3146

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 7 (Day) 1875 (Year)

8. AGE: Years 67 Months 3 Days 26 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Type Setter

11. Industry or business

FATHER
12. Name George John Boenker
13. Birthplace Neslage (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Hollenberg
15. Birthplace Berger (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Lawrence Fischer

(b) Address 529 Jackson, St. Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 801 N. Second, St. Charles, Mo

19. (a) Aug 4, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1942 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-28, 1942 to 8-3, 1942 that I last saw him alive on 8-3-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations

Of autopsy

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 O. A. Lowers (M. D. or other) M.D.

Address 106 Washington St. X Date signed 8-6-42

C.W.

679

(Licensed Embalmer's Statement on Reverse Side) St. Charles

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.