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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31753

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8867

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4466 Taft Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4466 Taft Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph A. Boelling

3. (b) If veteran, name war No

3. (c) Social Security No. 491-16-7480A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Boelling

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June (Month) 3 (Day) 1868 (Year)

8. AGE: Years 74 | Months 4 | Days 21 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Commercial Artist

11. Industry or business Woodward & Tiernan

FATHER
12. Name Casper Boelling
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Arnold
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Boelling
(b) Address 4466 Taft Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 26 (Day) 42 (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Mackey-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) OCT 26 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 th. year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 12 1942 to Oct 24 1942 that I last saw him alive on Oct 23 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	?
Due to: " Myocarditis	?
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 61
Of autopsy 369

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 H A Schmemann (M. D. or other)
Address 6811 Gravois Date signed 10/24/42

(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.....

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

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

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.