V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1009

State File No. 384[redacted]

Registration District No. .....

Primary Registration District No. .....

Registrar's No. .....

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hospital O (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 Four months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5 17 9

(c) City or town 5671 St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5671 Waterman (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Lydia L. Boedecker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Aug. (Month) 19, (Day) 1889. (Year)

8. AGE: Years 53 | Months 3 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House Maid

11. Industry or business .....

FATHER
12. Name John Henry Boedecker
13. Birthplace Monroe Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Schultz
15. Birthplace Monroe Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Edna Schaffer

(b) Address 4546 McMellan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl.

19. (a) DEC 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1942 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from Aug. 15, 1942 to Dec. 11, 1942 that I last saw her alive on Dec. 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral edema	72 hrs
Due to Renal failure	72 hrs.
Due to Chronic infection Diverticulitis & abscess	4 mo.
Other conditions (Include pregnancy within 3 months of death) Prolapsus uteri [redacted] Ventral hernia [redacted]	
Major findings: Of operations Diverticulitis [redacted] abscess - multiple [redacted] anemic abscesses.	
Of autopsy None	

[redacted] 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 Frederic L. Schoen SS (M. D. or other)

Address 216 So. Kingshighway Date signed 12/12/42

(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 John Letter

Licensed Embalmer No. 3880.

P. O. Address.....

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.