

S. No. 2  
M-9-4-41  
5-17-39  
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11331

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registrar's No. 635

LED APR 15 1943 784  
Registration District No. \_\_\_\_\_

Primary Registration District No. 111

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(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: 999  
(a) State Illinois (b) County McCoubin  
(c) City or town Carlinville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME John B. Boente  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 331-24-697

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 16  
year 1943 hour 2 minute 2 M.  
21. I hereby certify that I attended the deceased from March 1, 1943 to March 16, 1943  
that I last saw him alive on March 15, 1943  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Anita Boente  
(c) Age of husband or wife if alive 43 years  
7. Birth date of deceased: November 21 1897  
(Month) (Day) (Year)

Immediate cause of death: Tumor of Brain  
Due to: Malignant  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>3</u>	<u>23</u>	_____ hr. _____ min.

Major findings: Same as above  
Of operation: \_\_\_\_\_  
Of autopsy: Same  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_  
12. Name John B. Boente Sr.  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Braue  
15. Birthplace Carlinville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Anita Boente  
(b) Address Carlinville, Illinois

17. (a) Burial (b) Date thereof 3/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlinville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. MAR 17 1943 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

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 if so) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (or other) M.D.  
Address 4952 Maryland Date signed 3/16/43

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

7/16/43

(Licensed Embalmer's Statement on Reverse Side) St Louis, Mo

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**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.....

*Welford G Burnley*  
Licensed Embalmer No. 4502

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.**