

FILED JUL 31 1943

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6622 Alabama  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 88 years..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6622 Alabama Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Boefer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Christian Boefer 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 8 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days 2 If less than one day  
88 2 2 hr. min.

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

10. Usual occupation none

11. Industry or business at home

12. Name Henry Wagner

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

14. Maiden name Catherina Deverman

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

16. (a) Informant Adelaide Boefer

(b) Address 6622 Alabama

17. (a) burial (b) Date thereof 7-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUL 21 1943 (b) J. F. Madach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1943 hour..... minute 0 a.m.

21. I hereby certify that I attended the deceased from July 19 1943  
that I last saw her alive on July 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to age

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature W. E. Madach (M. D. or other)  
Address 6322 S. Grand Date signed 7/20/43

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

---

---

**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.....

*Frank Ludwig*

Licensed Embalmer No..... *2504*

P. O. Address..... *6722 Du Ponce*

**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.**