

LED JAN 12 1944

Registration District No. 366

Primary Registration District No. 6243

Registrar's No. 81

1. PLACE OF DEATH:

(a) County WASHINGTON

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

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CITY ST. LOUIS, MO

(c) City or town 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5240^a PAULINE PLACE
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ANTHONY H. BOEPKER

3. (b) If veteran, name war No

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 19
year 1943 hour FOUR minute 30 P.M.

21. I hereby certify that I attended the deceased from No Physician 19 -
that I last saw him alive on 19 -
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 11 1885
(Month) (Day) (Year)

Immediate cause of death HEART ATTACK ✓

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95C4

8. AGE: Years Months Days If less than one day

58 10 8 hr. min.

9. Birthplace CARLYLE ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation ELECTRICAL CONTRACTOR

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ANTHONY WOEPNER

13. Birthplace urban 9
(City, town, or county) (State or foreign country)

14. Maiden name AGNES OVERS

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

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)

23. Signature Joseph L. Thurman (e) Means of injury as coroner
(Date received local registrar) (Registrar's signature) (See or other)

Address Idai, Mo. Date signed 12/19/43

16. (a) Informant ANNA BOEPKER - WIDOW

(b) Address 5240^a PAULINE PLACE ST. LOUIS, MO

17. (a) Burial (b) Date thereof 12-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director S. E. Spahr

(b) Address Kolton, Mo.

19. (a) 12-19-43 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

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

10
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0

FEB 16 1944

6761 6 MAR

RECEIVED

District Health Officer No. 4
District File Number 144-3223
Date Filed 1-11-44

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 *Ewert Sparks*
Licensed Embalmer No. *4287*
P. O. Address *Flat River M*

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.