

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27327
State File No.
Registrar's No. 291

Registration District No. 43

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler
(c) City or town Poplar Bluff
(d) Street No. 945 Lester St
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

Hedwig Boeck

(b) If veteran, name war: _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1944 hour 12 minute 30 Noon

21. I hereby certify that I attended the deceased from 9-9 1940, to 9-3 1944
that I last saw her alive on 9-1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic Myocarditis

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature F. F. Priest (M. D. or other) D.O.
Address Poplar Bluff, MO Date signed 9-6-44

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

MOTHER FATHER

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased Jan. 23 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name UNKNOWN - Fette

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name Willa Mema Grube

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Rust

(b) Address Poplar Bluff MO

17. (a) Burial (b) Date thereof Sept 5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff MO

19. (a) 9-7-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 944-1291

Date Filed 9-13-44

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.....

Yvonne Greer

Licensed Embalmer No. 2964

P. O. Address.....

Poplar Bluff 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.