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

#43368

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 18566

Registration District No. 213 Primary Registration District No. 1003

Registrar's No. 5621

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 23001

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

(d) Street No. 2413 S. 11th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN BOING

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept - 28 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation ~~[illegible]~~ Unemployed

11. Industry or business

FATHER
12. Name ~~Unknown~~ Herman Boing
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Boing
(b) Address 2413 S 11 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 45
(Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wagner Helderle
(b) Address 3634 Gravois ave

19. (a) JUN 28 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1945 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 6/24/45, 19, to 6/27/45, 19;
that I last saw him alive on 6/27/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Thrombosis

Due to

Due to

Other conditions old heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Aaron Hendrix (M. D. or other)

Address 1515 Lafayette 6/27/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Affidavit to be filed

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.....

Licensed Embalmer No.....

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.