V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34539

Registration District No. 3/4 Primary Registration District No. 2002 Registrar's No. 2502

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7501 Lynn Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: University City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 7501 Lynn Ave 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Louis Boeckmann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Caroline Boeckmann nee Peters
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: July 27, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	2	29	hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Retired
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Caroline Boeckmann
(b) Address: 7501 Lynn Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery
18. (a) Signature of funeral director: Math Hermann & Son
(b) Address: 2161 East Fair Ave
19. (a) 10-31-45 (Date received local registrar) (b) E. G. M. Gavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 26th year: 1945 hour: 1:30 PM minute: M.
21. I hereby certify that I attended the deceased from: for the past several years, 19; that I last saw him alive on: October 26, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: advanced years	
Due to:	
Other conditions (Include pregnancy within 3 months of death): He had a slight stroke of apoplexy about 2 months before his 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm Nelfong D (M. D. or other)
Address: 5449 Delmar Date signed: 10/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.