. No. 2
I—5-43
5-17-39
I X36671

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

2312

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 102

FILED FEB 11 1946

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 702

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3164 Iowa Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 65 Years In St Louis
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 510
(c) City or town St Louis 2417
(If outside city or town limits, write "RURAL")
(d) Street No. 3164 Iowa Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNARD BOENNIGHAUSEN

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-6248

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mathilda

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. (Month) 13 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	0	8	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation NIGHT WATCHMAN

11. Industry or business BrownShoe Co.

FATHER
12. Name George Boennighausen /
13. Birthplace Germany (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Kirchoff
15. Birthplace Germany (City, town, or county) 11 (State or foreign country)

16. (a) Informant Mathilda Boenninghausen
(b) Address 3164 IOWA AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW S.S. PETER & PAUL

18. (a) Signature of funeral director Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 24 1946 (Date received by Registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1946 hour 12 30 P.M. minute M.

21. I hereby certify that I attended the deceased from 6-25/45- to 1-20-1946
that I last saw him alive on 1-20-46 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Oesophagus	8 mo
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph L Sullivan (M.D. or other)
Address 4065-50 Grand Date signed 1/21/46

(Licensed Embalmer's Statement on Reverse Side)

12 Floors

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. Leo J. Budde

Licensed Embalmer No. 3989

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.