

FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 12

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL LOURANCE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME GEORGE EDWARD BOECKMAN

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IRENE BOECKMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 22 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMING

11. Industry or business _____

12. Name CHARLES BOECKMAN

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

14. Maiden name _____

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

16. (a) Informant IRENE BOECKMAN

(b) Address MARBLE HILL, MO.

17. (a) BURIAL (b) Date thereof 3-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEOPOLD, MO.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LETSVILLE, MO.

19. (a) Mar. 16 1946 (b) Millie Gaudinburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BOLLINGER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR MARBLE HILL
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1 ST
year 1946 hour 5:00 minute 55 A. M.

21. I hereby certify that I attended the deceased from Feb 2
19____, to Mar 1st 1946

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage.

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)

(c) Means of injury _____

23. Signature John J. Higgins (M. D. or other) _____

Address St. Louis, Mo. Date signed 3/15/46

RECEIVED

District Health Officer No. 4
District File Number 346-1897
Date Filed 3-28-46

MAR 29 1946

APR 1 1946

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

J. E. Gialani

Licensed Embalmer No. 4010

P. O. Address Leetsville, 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.