

S. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

34662

State File No. _____

FILED OCT 16 1946
Registration District No. 3069

Primary Registration District No. 3069

Registrar's No. 2097

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 6420 Clayton Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINTS FULL NAME SISTER MARY CYRILLA (MARIA BOECKERS)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18 1874
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
72 5 19 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 6
year 1946 hour 5 minutes 30 M.
21. I hereby certify that I attended the deceased from 6-13-1946
1946 to 10-5-1946
that I last saw her alive on 10-5-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Ch. Myo Cord. Dis.
Due to Carcinoma
Rectal-Vaginal
Due to _____
Other conditions (include pregnancy within 3 months of death) none
Major findings: Of operations Some
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Westphalen Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Sister in Religion
11. Industry or business _____
MOTHER FATHER { 12. Name Heinrich Boeckers
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Meinker
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Sisters of St. Mary
(b) Address 6420 Clayton Rd.
17. (a) Burial (b) Date thereof Oct. 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul
18. (a) Signature of funeral director Watson-Bocklage
(b) Address 6536 Clayton Rd.
19. (a) 10-10-46 (b) Walter Allen
(Date received local registrar) (Registrar's signature)

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) _____
Means of injury _____
23. Signature James R. Wicks M.D. or other _____
Address 204 N. 4th St. St. Louis signed 10/6/46

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

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

G. W. Wilkinson

Licensed Embalmer No.

3575

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.