

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

2
15
39
0700

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Fred Boedecker

3. (b) If veteran, name war _____
3. (c) Social Security No. 498-01-9127

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

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if
alive 37 1/2 years

7. Birth date of deceased April 25 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 6 hr. min.

9. Birthplace Waterloo Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Fred Boedecker

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

14. Maiden name Wilhelmina Rehling

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

16. (a) Informant Joseph H. Boedecker

(b) Address 6662 Chamberlain

17. (a) burial (b) Date thereof 1-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Alexander Long

(b) Address 6175 Delmar

19. (a) 1-4-48 (b) Ruth Ellen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6662 Chamberlain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-16-1946
to 12-31-1946

that I last saw him alive on 12-31-46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive
arteriosclerotic heart disease
& decompensated encephalomalacia

Due to _____
Due to 93d

Other conditions Benign hypertrophy of parathyroid
glands
(Include pregnancy within 3 months of death)

Major findings: cystitis
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature Wm. C. Citchlow (M. D. or other)

Address St. L Co Hospital Date signed _____

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 *Joseph E McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6175 Delmar*

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.