

S. No. 2  
-12-45  
5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42154**

**FILED JAN 7 1947**  
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **11254**

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **733a Thrush Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Henry Boekenkamp**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **27,**  
year **1946** hour **7:00 P.M.** minute..... M.  
21. I hereby certify that I attended the deceased from **Dec. 19**, 19**46** to **Dec. 27**, 19**46**  
that I last saw him alive on **Dec. 27,** 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
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: **April 1, 1867**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Myocardial infarction (Coronary occlusion)**  
Due to **Arterio-sclerotic cardiovascular renal disease**  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy.....

Duration  
**8 days**  
**15 Yrs (?)**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**79** **8** **26** hr. min.

9. Birthplace: **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Rev. Otto Kienker**

(b) Address **8522 Halls Ferry Rd.**

17. (a) **Burial** (b) Date thereof **12/31/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethelhem Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **1946** (Date recorded local registrar) **J. F. Bredeck** (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) (e) Means of injury.....  
23. Signature **Charnice Mueller** (M. D. or other) **M.D.**  
Address **634 N. Grand Blvd.** Date signed **12-30-46**

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

MOTHER FATHER

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**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.**