

FILED FEB 27 1947

Registration District No. 167

Primary Registration District No. 5594

Registrar's No. 7

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town MEYAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year - 7 wks
(Specify whether years, months or days)
In this community 1 year - seven wks

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 CLINTON ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS BOEDEKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married. divorced WIDOWED
6. (b) Name of husband or wife Stecharia Schumaker 6. (c) Age of husband or wife if decd 77
7. Birth date of deceased 3 31 - 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy Plant Worker

11. Industry or business AS above

12. Name HENRY BOEDEKER 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Welter
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Patrick O'S
(b) Address St Josephs Hill

17. (a) BURIAL (b) Date thereof Feb 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director John Brockland

(b) Address 1837 Logan St Louis Mo.

19. (a) Feb 17 1947 (b) Mrs J. H. Hunkalo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 17
year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from OCTOBER
16, 1945, to FEBRUARY 11, 1947;
that I last saw him alive on FEBRUARY 11, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC
M.YOCARDITIS

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 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)
_____ (Means of injury)

23. Signature J. Warden M.D. (M. D. or other) M.D.

Address 3815 NO. VANDEVENTER Date signed 2/17/47

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

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Date Filed 1-26-47
District File Number
Director Health Officer No. 9,

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. Allen Davis Jr.*
Licensed Embalmer No. 4053
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.