

No. 10-47
5-17-39
PI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1948 318
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 0011
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5316 N. BROADWAY 9
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME HERMAN BOING

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-24-7198

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

6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased AUGUST 3 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTENANCE MAN

11. Industry or business PECK'S PRODUCTS, CO

12. Name HERMAN BOING

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

14. Maiden name ARLENE SENFELD

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

16. (a) Informant Sophie Boing

(b) Address 5316 N. BROADWAY

17. (a) BURIAL (b) Date thereof APRIL 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.
(d) Signature of funeral director Thomas Kutis
(e) Address 7906 GRAVOIS
MAR 30 1948 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3/6/48
1948 to March 30th 1948
that I last saw him alive on March 30th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 26 days

Due to Cerebral arteriosclerosis

Due to _____

Other conditions Senility
(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 _____

Where did injury occur? _____ (City or town) (County) (State)

(c) 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 Joseph G. J. [Signature]
Address 1515 Lafayette Date signed 3/30/48

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

Leo J. Budd

Licensed Embalmer No.

3989

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.