

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

Primary Registration District No.

State File No.

27526

Registrar's No.

7044

## 1. PLACE OF DEATH:

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

3: (a) PRINT FULL NAME JOHN B. BOEDGES

3: (b) If veteran, name war None 3: (c) Social Security No. None

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 6 years  
7. Birth date of deceased Aug. 6 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day  
hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name James B. Boedges Sr.  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lorraine J. Silverthorn  
15. Birthplace Wis.  
(City, town, or county) (State or foreign country)

16. (a) Informant James B. Boedges Sr.  
(b) Address 4456 Dewey Ave.

17. (a) Burial (b) Date thereof 8-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 11 1948 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4456 Dewey Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? 15 (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8  
year 1948 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 8  
6th 1948 to Aug 8 1948  
that I last saw him alive on Aug 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity 7 months  
Due to Fetus -  
Premature Separation 2 weeks  
of Placenta

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?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature H. H. Hensley (M. D. or other) MD  
Address 3606 Lams Date signed 8/10/48

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**