5. No. 300
v. 10-48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2474

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSORI.
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS.
d. STREET ADDRESS (If rural, give location): 5359 N. EUCLID AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): CATHERINE
c. (Last): BOEDEKER

4. DATE OF DEATH (Month) (Day) (Year): 1 - 6 - 49

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 21ST 1908
9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months —; Days 16
IF UNDER 24 HRS.: Hours —; Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: WILLIAM MENKE
13b. MOTHER'S MAIDEN NAME: MARY SCHULTE
14. NAME OF HUSBAND OR WIFE: Joseph Boedeker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-03-0822
17. INFORMANT'S SIGNATURE OR NAME: Joe Boedeker
ADDRESS: 5359 N Euclid

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Subacute Bacterial Endocarditis — 7 Months
DUE TO (c): Impocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-2-, 1948, *to* 1-6, 1949, *that I last saw the deceased alive on* JAN 6TH, 1949, *and that death occurred at* 11:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malcolm B. Bowell (Degree or title): M.D.
23b. ADDRESS: 1325 S. Grand Blvd.
23c. DATE SIGNED: Jan 7-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 6-1949
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

DATE REC'D BY LOCAL REG.: JAN 9 1949
REGISTRAR'S SIGNATURE: J. B. Lazaton
25. FUNERAL DIRECTOR'S SIGNATURE: Brockland Und. Co.
ADDRESS: 1827 HOGAN STR.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Elmo P. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.