

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 5977  
Registrar's No. 1984

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1984</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis City Hospital.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5264 Page Blvd.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5264 Page Blvd.</b>					
3. NAME OF DECEASED (Type or Print) <b>William Pope Boeckler</b>			a. (First) <b>William</b>			b. (Middle) <b>Pope</b>			
c. (Last) <b>Boeckler</b>			4. DATE OF DEATH <b>February 28, 1949</b>			a. (Month) <b>February</b>			
b. (Day) <b>28</b>			c. (Year) <b>1949</b>			5. SEX <b>Male</b>			
6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>			8. DATE OF BIRTH <b>September 11, 1890</b>			
9. AGE (In years last birthday) <b>58</b>			10. UNDER 1 YEAR <b>5</b>			11. UNDER 12 HRS. <b>17</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>William L. Boeckler</b>			13b. MOTHER'S MAIDEN NAME <b>Anna E. Pope</b>			
14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>World War # 1</b>			16. SOCIAL SECURITY NO. <b>347-10-3021</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Charlotte M. Boeckler</b>			17. ADDRESS <b>5609 Chamberlain</b>			18. CAUSE OF DEATH			
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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Neuropericardium</b>  DUE TO (c) <b>Ruptured Aorta</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  9/6 11/51 X					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:55 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Edwin E. Doyle Cor. 3</b>			23b. ADDRESS <b>1300 Clark Ave</b>			23c. DATE SIGNED <b>2/24/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>3-3-49</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>			
24d. LOCATION (City, town, or county) <b>St. Louis City</b>			24e. STATE <b>Missouri</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter A. Stuart</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 2 1949</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter A. Stuart</b>			ADDRESS <b>1225 Union</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1948

**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.

Student .....  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.