

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10936

96 1000

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3067 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jafferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maxville Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geary Mary Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Arnold</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Boeker</u> c. (Last) <u>Boeker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Anton Boeker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schroeder</u>	
14. NAME OF HUSBAND OR WIFE <u>Maud.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>492 09 7154</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maud Boeker</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct due to coronary thrombosis.</u>		DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Disease 443 K</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis Pulmonary tuberculosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>13w</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <u>Nov. 1948</u> , to <u>2-19-49</u> , that I last saw the deceased alive on <u>2-18-49</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Raymond T. Martin, MD</u>		23b. ADDRESS <u>5203 Chippewa</u>	
23c. DATE SIGNED <u>2-20-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2 24 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler, Jr.</u>	
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		ADDRESS	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Clarence Keschow*

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.