

STANDARD CERTIFICATE OF DEATH

State File No. **20795**  
**5978**

FILED JUL 15 1949

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

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mad</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3859a Sullivan Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>3859a Sullivan Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dora</b> b. (Middle) <b>C.</b> c. (Last) <b>Boffinger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1949.</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 10, 1879</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>25</b>		IF UNDER 4 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Brockmann</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Dryer</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Boffinger</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Ernest Boffinger, 3859a Sullivan Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis of Heart Arteries</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - Atherosclerosis</b>  DUE TO (c) <b></b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>week</b> <b>week</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				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) <b>102</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H44X</b>			
22. I hereby certify that I attended the deceased from <b>Feb 16, 1943</b> , to <b>July 5, 1949</b> , that I last saw the deceased alive on <b>July 4, 1949</b> , and that death occurred at <b>9:05 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert G. Warner M.D.</b>				23b. ADDRESS <b>1115 Paul Brown Bldg</b>		23c. DATE SIGNED <b>7/6/49</b>	
24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/8/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG <b>JUL 8 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Rooster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

**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

*John A. Menar*

Licensed Embalmer No. *4186*

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.