

STANDARD CERTIFICATE OF DEATH

State File No. **25590**
Registrar's No. **5702**

FILED JUL 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> 4607	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> 0		c. LENGTH OF STAY (in this place) <u>5 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>527 Ivanhoe Pl.</u>	
3. NAME OF DECEASED (Type or Print) <u>FRED LOUISES BOEKENHEIDE</u>		4. DATE OF DEATH <u>66-18 1952</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>May 8th 1868</u> 84		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fred Boekenheide</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Lohrmann</u>	
14. NAME OF HUSBAND OR WIFE <u>Wilhelmine Boekenheide</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Boekenheide Webster Grove</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		DUE TO (b) <u>Chronic nephritis</u> <u>years</u>	
DUE TO (c) <u>Arteriosclerotic Vascular disease</u> <u>years</u>			
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 <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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>11-14-49</u> 19 <u>19</u> , to <u>6-18-52</u> , 19 <u>19</u> , that I last saw the deceased alive on <u>6-17-52</u> , 19 <u>19</u> , and that death occurred at <u>7:10am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Blaworth Webster MD</u>		23b. ADDRESS <u>204 E. Big Bend.</u>	
23c. DATE SIGNED <u>6-19-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 19 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Aldrich Fun Home</u>		ADDRESS <u>Webster Groves Mo</u>	

2183

MO

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

Lashie Welch

Licensed Embalmer/No. *4395*

P. O. Address *Wheter Grove*

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.