

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4200**

FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **0356**

1. PLACE OF DEATH a. COUNTY ST. LOUIS - COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) PINE-LAWN, MO.	c. LENGTH OF STAY (in this place township) 15 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) PINE-LAWN, MO. 4151	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6108 BIRCHER. AVE.		d. STREET ADDRESS (If rural, give location) 6108 BIRCHER. AVE. 0	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA	b. (Middle) _____	c. (Last) BOEDEKER	4. DATE OF DEATH (Month) (Day) (Year) JAN. 29TH 1953.
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 24TH 1866	9. AGE (In years last birthday) 86 YRS.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (State or foreign country) MISSOURI.	12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME AUGUST - BROCKLAND	13b. MOTHER'S MAIDEN NAME ELIZABETH-OVERBECK.	14. NAME OF HUSBAND OR WIFE HERMAN, H. BOEDEKER (DECD.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME H. H. Boedeker 419 ROBERT FEROUSSON	ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c) _____		
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 _____	4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Nov. 15, 1951**, to **Jan. 29, 1953**, that I last saw the deceased alive on **Jan. 29, 1953**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Albert Wall M.D. (Degree or title)	23b. ADDRESS 5322 Hale Ave	23c. DATE SIGNED 1/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 31ST 1953	24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. 1-29-53	REGISTRAR'S SIGNATURE Herbert A. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827-HOGAN-ST.
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(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 Me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.