

FILED NOV 25 1953

STANDARD CERTIFICATE OF DEATH

41532

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>2860</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) <u>10 Years</u>		c. CITY OR TOWN <u>Maplewood</u> <u>4534</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7268 Zephyr Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7268 Zephyr Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>AUGUST</u>		a. (First) <u>RUDOLPH</u>		b. (Middle) <u>BOENING</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 5 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>8/16/1865</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR <u>2</u> Days		IF UNDER 24 HRS. <u>19</u> Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Grocers</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rudolph Boening</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Sachleben</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Thiele Dec'd 1/16/43</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Florence Boening</u>		ADDRESS <u>7268 Zephyr Ave.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 yrs.</u> <u>5 yrs</u>	
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) <u>334X</u>			
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 <u>Sept 1953</u> , 19 <u> </u> , to <u>11/5/53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>11/5/53</u> , 19 <u> </u> , and that death occurred at <u>12.05A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thurston Greiner</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4500 Olive St.</u>		23c. DATE SIGNED <u>11/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-6-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambtuster Mortuary</u> ADDRESS <u>6633 Clayton Road</u>			

(Licensed Embalmer's Statement on Reverse Side)

52W

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

303

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 Embalmer No.

Signed *Ernest W. Spillars*

Signed
Student Embalmer

Licensed Embalmer No. *H080*

P. O. Address _____

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.