

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

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48P

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10448

State File No.

PFC. DIST. NO. 318
REG. DIST. NO.

PSIM. REG. LIST. NO. 1003
PRIMARY REG. DIST. NO.

Registrar's No. 2599

BIRTH NO.		PFC. DIST. NO. 318		PSIM. REG. LIST. NO. 1003		State File No. 10448			
REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 2599					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St Louis		c. LENGTH OF STAY (In this place) 1		c. CITY OR TOWN St Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis City Hospital				e. STREET ADDRESS (If rural, give location) 20 2345 N Market St				22013	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) F		c. (Last) Boeger		4. DATE OF DEATH (Month) (Day) (Year) 3 11 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-16-81			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Charles Boeger		13b. MOTHER'S MAIDEN NAME Unknown			
13a. FATHER'S NAME Charles Boeger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Boeger (Dec)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Cramer		ADDRESS 2310 Hord Ave			
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) <i>Carcinoma of Larynx;</i> ANTECEDENT CAUSES <i>Addison's Disease;</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerotic Heart</i> DUE TO (c) <i>Disease</i> II. OTHER SIGNIFICANT CONDITIONS <i>Disease</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		161x			
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:35p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (If free or title) <i>Patrist C Taylor</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>3.13.56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. MAR 13 1956		REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jos W Clark</i>		ADDRESS 1125 Hodiamont Ave			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....1125

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.