

FILED DEC 6 - 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **39977**

| | | | | |
|---|--|---|---|---|
| BIRTH NO. | | REG. DIST. NO. 317 | PRIMARY REG. DIST. NO. 54 | Registrar's No. 2732 |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. LENGTH OF STAY (in this place) D.O.A. | c. CITY OR TOWN Kirkwood 4693 | d. Is Residence within limits of a city, incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Louis County Hospital | | e. STREET ADDRESS (If rural, give location) 106 N. Fillmore | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alphonse | | b. (Middle) C. | c. (Last) Boeddeker | 4. DATE OF DEATH (Month) (Day) (Year) November 18, 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Sept. 20, 1892 | 9. AGE (In years last birthday) 64 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Zinc Etcher | | 10b. KIND OF BUSINESS OR INDUSTRY Photo-Engraving | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Andrew Boeddeker | | 13b. MOTHER'S MAIDEN NAME Sophia Wegener | 14. NAME OF HUSBAND OR WIFE Divorced | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes | 16. SOCIAL SECURITY NO. (If year, month or dates of service) III-1 488-10-4866 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophia BOEDDEKER 106 N. Fillmore | | |
| 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) Myocardial Infarction ANTECEDENT CAUSES Arterio Sclerotic Coronary Thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 day DUE TO (c) Coronary Artery Disease & Angina pectoris II. OTHER SIGNIFICANT CONDITIONS 6 years 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 type="checkbox"/> NO <input 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? | | |
| 22. I hereby certify that I attended the deceased from 6-16-1951 , to 11-18-56 , that I last saw the deceased alive on 10-31-1956 , and that death occurred at 3:20 P. m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) Carl J. Hen M.D. | | 23b. ADDRESS 180 Long highway | 23c. DATE SIGNED 11-19-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 21, 1956 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) Jeff. Bks. Mo. | |
| DATE REC'D BY LOCAL REG. 11-20-56 | REGISTRAR'S SIGNATURE Herbert R. Douberdy | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister Colonial Mortuary 6464 Chippewa St. | | |

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lenius C Hoffmeister*

Licensed Embalmer No. 3821

P. O. Address 7814 S. B.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.