

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41764
State File No. 10835

FILED NOV 22 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10835

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY _____

b. CITY OR TOWN ST. LOUIS MO c. LENGTH OF STAY (In this place) 25 YRS.

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3139 MORGANFORD Rd. 1610 3139 MORGANFORD Rd.

3. NAME OF DECEASED
a. (First) ARTHUR b. (Middle) WILLIAM c. (Last) BOEDEKER

4. DATE OF DEATH 11-11-1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JULY 27, 1907

9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAFE BUSINESS

10b. KIND OF BUSINESS OR INDUSTRY CAFE

11. BIRTHPLACE (City and State or Foreign Country) / MONROE COUNTY, ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM BOEDEKER

13b. MOTHER'S MAIDEN NAME WILHELMINA PIEPER

14. NAME OF HUSBAND OR WIFE CARRIE BOEDEKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. 492-07-9940

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CARRIE BOEDEKER 3139 MORGANFORD

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, asphemia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease
Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 420.1
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 1955

19b. MAJOR FINDINGS OF OPERATION as above

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955, 19, to 11-19, 1957 that I last saw the deceased alive on 11-10, 1957, and that death occurred at 10:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. V. Ripshaw MD (Degree or title)

23b. ADDRESS 634 No Grand

23c. DATE SIGNED 11-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 11-14-57

24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK

24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

DATE REC'D BY LOCAL REG. NOV 13 57

REGISTRAR'S SIGNATURE Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howard Michel 5930 Southwest

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..... *Homee H. Dintz*

Licensed Embalmer No. *3887*

P. O. Address *St. Louis*

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.