

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035667
STATE FILE NUMBER

Health,
& Welfare
Public
Service

FILED OCT 20 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 227

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Fulton Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Bonfile Flaxsoudk Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION State Hospital #1 13 1/2 yrs. | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|---------------------------|---|---|---------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last LEO BOENKER | | | 4. DATE OF DEATH Month Day Year October 1 1958 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 15, 1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) St. Louis County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Herman August Boenker | | | 14. MOTHER'S MAIDEN NAME Agnes Hildebrand | | |
| 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. None | 17. INFORMANT State Hospital No. 1; Fulton, Missouri | | |

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|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Esophagus- ruptured | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Effusion and gastric contents | | |
| DUE TO (c) Duodenum, Peptic ulcer penetrating | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|----------------------------------|---|--|-----------------------------|-------|
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5411 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. attended The deceased from March 24, 1945, to October 1, 1958, and was his physician Death occurred at 10:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | | 22b. ADDRESS State Hospital No. 1; Fulton, Mo. | 22c. DATE SIGNED 10-1-58 | |

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|--|------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-4-1958 | 23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery | 23d. LOCATION (City, town, or county) (State) Pattonville, Missouri |
| 24. FUNERAL DIRECTOR Baumann Bros. Inc. 2504 Woodson, Overland, Mo. | | 25. DATE RECD. BY LOCAL REG. Oct-13-1958 | 26. REGISTRAR'S SIGNATURE Martha Lawrence |

(Licensed Embalmer's Statement on Reverse Side)

S. 300 101463 2
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
David C. Gibr...

Licensed Embalmer No. *34*

P. O. Address *Overl*

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.