

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002749

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. _____ Primary Registration District No. _____

Registrar **2** 495

300
1-57
4
65
0

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|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INCARNATE WORD HOSP | | Length of stay in 1b | d. STREET (If outside, give location) ADDRESS 2169 3224 MICHIGAN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last CARL H BOEMEKE | | | 4. DATE OF DEATH Month Day Year JAN 14 1959 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT 30 1901 |
| 9. AGE (In years last birthday) 57 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWRIGHT | | 10b. KIND OF BUSINESS OR INDUSTRY NATIONAL LEAD CO | 11. BIRTHPLACE (City and state or country) MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? U-S-A | | | |
| 13a. FATHER'S NAME JOSEPH BOEMEKE | | 13b. MOTHER'S MAIDEN NAME ROSE KOEHNE | |
| 14. NAME OF HUSBAND OR WIFE EDNA BOEMEKE | | 17. INFORMANT Address EDNA BOEMEKE 3224 MICHIGAN | |
| 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. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 420.1 DUE TO (c) _____ 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"/> | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Death occurred at 230 A on the date stated above; and to the best of my knowledge, from the causes stated. | | and last saw her/him alive on Jan 14 1959 | |
| 22a. SIGNATURE Ralph Berglund (Degree or title) | | 22b. ADDRESS 3203 S Grand | |
| 22c. DATE SIGNED 1/15/59 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE JAN 17 1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO | |
| 24. FUNERAL DIRECTOR Thomas Kutie 2906 Gravois | | 25. DATE RECD. BY LOCAL REG. JAN 15 1959 | |
| 26. REGISTRAR'S SIGNATURE Charles Smith MO | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

PR 3-7857
1/30-330 P.M. W.B. & R.W.

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 *James C Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Kansas*

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.