

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022703

STATE FILE NUMBER

2 5595

FILED JUN 24 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DE-PAUL-HOSPITAL</u>		Length of stay in lb <u>LIFE</u>	d. STREET ADDRESS (If outside, give location) <u>1510^A BENTON-ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>FRANK - AUGUST - BOEDEKER</u>			4. DATE OF DEATH Month Day Year <u>JUNE - 10TH 1959</u>			
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY - 7TH 1890</u>	9. AGE (In years last birthday) <u>68 YRS.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - DOCK-FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CO. LUEKING-TRANSFER</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS - MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>FRANK-BOEDEKER</u>	13b. MOTHER'S MAIDEN NAME <u>STEPHANIE - SCHUMACHER</u>	14. NAME OF HUSBAND OR WIFE <u>ANASTASIA - BOEDEKER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	16. SOCIAL SECURITY NO. <u>489-09-7990A</u>	17. INFORMANT <u>ANASTASIA-BOEDEKER = 1510^A BENTON-ST.</u>
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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) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>don't know</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cardiac decompensation 490.0</u>		
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"/>

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>6-2-59</u> to <u>6-10-59</u> and last saw ^{her} him alive on <u>6-9-59</u> Death occurred at <u>4:00 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Walter H. Soc...</u>	(Degree or title) <u>0</u>	22b. ADDRESS <u>1515 St. Louis</u>	22c. DATE SIGNED <u>6-11-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY = CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS - MO.</u>
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24. FUNERAL DIRECTOR <u>Brockland Und. Co.</u>	ADDRESS <u>1827 - HOGAN-ST.</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 11 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. W. Emblesley*

Licensed Embalmer No. *3653*

P. O. Address *J. H. Lewis*

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.