

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022706

FILED JUL 1 1959

Registration District No.

Primary Registration District No.

STATE FILE NUMBER

Registrar No. 5808

|   |                            |   |   |
|---|----------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis,   |                            | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN St. Louis,  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2110 Stansbury St.   |                            | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>2110 Stansbury St.                               |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Anna ----- Boennighausen  |                            |   | 4. DATE OF DEATH<br>Month Day Year<br>June 16, 1959.  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 13, 1876  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br>At home  | 9. AGE (In years last birthday)<br>83   |
| 11. BIRTHPLACE (City and state or country)<br>Illinois  |                            | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.  |   |
| 13a. FATHER'S NAME<br>William Thiemann  |                            | 13b. MOTHER'S MAIDEN NAME<br>Anna Ballmann  | 14. NAME OF HUSBAND OR WIFE<br>Henry Boennighausen  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No.  |                            | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT Address<br>Harry Boennighausen 2110 Stansbury St.                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>acute Cardiac Collapse</i>  |                            |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>Chronic Myocarditis</i>   |                            |   | 15 years  |
| DUE TO (c) <i>Hypertension</i>  |                            |   | 15 years  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>443x   |                            |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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. I attended the deceased from <i>Year 1944</i> to <i>June 16-1959</i> and last saw her alive on <i>June 16-1959</i><br>Death occurred at <i>10:00 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. |                            |   |   |
| 22a. SIGNATURE<br><i>Dr. Leo P. Young</i>   |                            | (Degree or title) <input type="checkbox"/>  | 22b. ADDRESS<br><i>2621 S. Jefferson</i>  |
|   |                            | 22c. DATE SIGNED<br><i>June 18-1959</i>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>June 19, 1959 | 23c. NAME OF CEMETERY OR CREMATORY<br>SS. Peter and Paul Cemetery   |   |
|   |                            | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri  |   |
| 24. FUNERAL DIRECTOR<br>Gebken-Benz Mortuary  |                            | ADDRESS<br>2842 Meramec St.<br>St. Louis, 18, Mo.   | 25. DATE RECEIVED BY LOCAL REG.<br>JUN 18 59  |
| 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.D.</i>  |                            |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

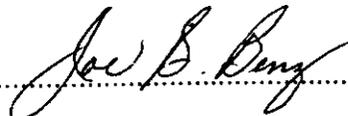
MEDICAL CERTIFICATION

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 .....



Licensed Embalmer No. 4249 .....  
2842 Meramec St.  
P. O. Address.. St. Louis, Mo. 18, Mo

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.