

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St. LouisRegistration District No. 791File No. 3342Primary Registration District No. 1008Registered No. 972(NO. 3415 Winnebago St.; 11 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME George F. Boecker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) MarriedDATE OF DEATH Jan 29, 1915
(Month) (Day) (Year)DATE OF BIRTH August 20, 1857
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 3, 1914, to Jan 29, 1915, that I last saw him alive on about Nov 20, 1914, and that death occurred, on the date stated above at 2:46 a.m. The CAUSE OF DEATH* was as follows:AGE 58 yrs. 5 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) Westliche Post.Chs Nephritis (Essential)
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7579 (Duration) 2 yrs. ___ mos. ___ ds.BIRTHPLACE (City or town, State or foreign country) St Louis MoContributory Heart Disease
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.NAME OF FATHER Herman BoeckerBIRTHPLACE OF FATHER (City or town, State or foreign country) GermanyMAIDEN NAME OF MOTHER Christina LinkBIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany(Signed) AcH. [Signature] M. D.
Jan 29, 1915 (Address) 428 Druman Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. G. B. Boecker(ADDRESS) 3415 Winnebago

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

Filed 30 1915 Mar 6 Starkloff REGISTRARPLACE OF BURIAL OR REMOVAL W.D.S. Marcus Cemetery DATE OF BURIAL Feb. 1, 1915UNDERTAKER Geo. E. Cobb ADDRESS 2115 California Av.*Ortho. Path. Dep. Co.*