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

Do not use this space.

32075

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9448

City St. Louis (No. 4256 Washington St. ..... Ward)

2. FULL NAME Leila Frances Boehmer

(a) Residence. No. 4256 Washington St. 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank J. Boehmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14-1874

7. AGE: 53 YEARS | MONTHS: 9 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

15 5F
71E

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Walshville
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Lewis T. Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Ellen E. Vallentine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ill.

14. INFORMANT: Eugene Kennedy
(Address): Chicago Illinois

15. FILED OCT 24 1927, 19 ..... Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/22 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1927, to Oct 15, 1927 that I last saw her alive on Oct 15, 1927, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic infection of femur
Operation for infection of Femur
cause unknown
(duration) 25 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Anemia
(duration) ..... yrs. 2 mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 29-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray-Operative findings

(Signed) J. L. Marder, M. D.
, 19 (Address) 2806 N. Grand Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Douglas Ill
DATE OF BURIAL: Oct 28 1927

20. UNDERTAKER: C R Lupton & Sons
ADDRESS: 4449 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

J. L. Bardin

St. Louis & Grand

1 – 2 P.M.

2806 N. Grand –