

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

Do not use this space
aldridge
27294

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.

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson (No. St. Mary Hosp) St. _____ Ward _____

2. FULL NAME Bernadine Boehmer
 (a) Residence. No. _____ St. _____ Ward Freeburg Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>abt. 33</u>				

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) Richfountain Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis Waller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richfountain Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Rende

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richfountain Mo.
 (STATE OR COUNTRY)

14. INFORMANT Frank Boehmer
 (Address) Freeburg Mo.

15. FILED 8-24-29 S. B. Zedler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22-29

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929, to Aug 22, 1929, that I last saw her alive on Aug 22, 1929, and that death occurred, on the date stated above, at 2:05 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Thyroid Gb,
127A
1450
1430 (duration) yrs. mos. ds.
 CONTRIBUTORY Myocardial Infarct
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
 IF NOT AT PLACE OF DEATH, DATE OF Aug 21/29
 DID AN OPERATION PRECEDE DEATH? No
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Obeculent
 (Signed) W. R. Edwards M. D.
 (Address) Freeburg Mo.

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 Richfountain Mo DATE OF BURIAL 8-24-29

20. UNDERTAKER Chas. P. Heinrichs ADDRESS J. B. Mo.

