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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 35329

Township C[illegible] — Primary Registration District No. 6248 B — Registered No. 368

City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME John F. BOEHM Jr.

(a) Residence, No. 5521 Greer Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mrs. Mary Boehm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
42	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward-City Jail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jail
10. Date deceased last worked at this occupation (month and year) not known
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri.

FATHER

13. NAME John Boehm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

MOTHER

15. MAIDEN NAME Charlotte Kerwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ireland

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Sept 10 1937

19. UNDERTAKER (ADDRESS) Stroot & Carroll 4600 Natl Bridge

20. FILED Sept 8, 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to September 7, 1937

I last saw him alive on September 7, 1937 Death is said to have occurred on the date stated above, at 12:30P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease, Aortic insufficiency, severe, with cardiac hypertrophy and dilatation.	Unkn.
Other contributory causes of importance: Lues, tertiary	Unkn.

34

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Missouri