

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Lukes Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 week**  
 (Specify whether  
 In this community **Since Birth**  
 years, months or days)

3. (a) PRINT FULL NAME **Sophie Hauschild Boehmer 56-0**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **John F. Boehmer** 6. (c) Age of husband or wife if alive **69** years7. Birth date of deceased **July 13, 1871**  
(Month) (Day) (Year)8. AGE: Years **68** Months **0** Days **20** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace **New York City, N. Y.**  
(City, town, or county) (State or foreign country)10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

12. Name **George Gauch**13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Frederick K. Hauschild**(b) Address **8830 Brewett Jennings, Mo.**17. (a) **Burial** (b) Date thereof **Aug. 5, 39**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Friedens**18. (a) Signature of funeral director **Math Hermann & Son**(b) Address **2161 E Fair Ave.**19. (a) **AUG 3 1939** (Date received local registrar) **J. D. Baedek** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Jennings**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **8830 Blewett Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2**  
year **1939** hour **1:00 AM** minute \_\_\_\_\_ M. \_\_\_\_\_21. I hereby certify that I attended the deceased from **July 26**  
**1939**, to **Aug 2**, 19**39**  
that I last saw him alive on **Aug 2**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Branchopneumonia  
Carcinoma of stomach  
with metastases to  
liver and skull.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy **Carcinoma of stomach  
with metastases to liver and skull**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) Means of injury \_\_\_\_\_23. Signature **James B. Jones MD** (M. D. or other) \_\_\_\_\_Address **St. Lukes Hospital** Date signed **8-3-39**

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Bushhol*

Licensed Embalmer No. *2110*

P. O. Address *St Louis 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 this body is not embalmed, above space should be left blank.**