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S. No. 2
4-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4105

State File No. _____

FILED MAR 17 1942

Registrar's No. 1053

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5091 UNION BLVD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Frederick Boehmer
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 1,
year 1942 hour 2:10 minute _____ A. M.
21. I hereby certify that I attended the deceased from January
14, 1942 to February 1, 1942
that I last saw him alive on February 1, 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife MATTIE BOEHMER
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: MARCH 24 1873
(Month) (Day) (Year)

Immediate cause of death: Deleterious atherosclerotic heart disease
Generalized arteriosclerosis
Duration _____

8. AGE: Years Months Days If less than one day
69 10 5 hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country) U
10. Usual occupation BLACKSMITH

11. Industry or business _____
12. Name WILLIAM BOEHMER
13. Birthplace GERMANY (City, town, or county) (State or foreign country) _____
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Bergman
(b) Address 5091 Union
17. (a) BURIAL (b) Date thereof JAN 4 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM CEM.

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? _____

18. (a) Signature of funeral director Fredrich Eysenhard
(b) Address _____
19. (a) FEB 3 1942 (b) J. Busch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Drewon Telener (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 2/2/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Arthur P. Dieckrich
Licensed Embalmer No. 3556
P. O. Address St. Louis

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, fact should be so stated above.