

S. No. 2
-1-4-41
5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18918

State File No.

Registrar's No. 1146

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
248 Wachtel ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 yrs** (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **William Boehm**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Annie Boehm** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **February 15 1860**
(Month) (Day) (Year)

8. AGE: Years **82** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Boehm**
(b) Address **248 Wachtel ave.**

17. (a) **Cremation** (b) Date thereof **May 27, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **No. Crematory**
18. (a) Signature of funeral director **W. J. McFarland**

(b) Address **7814 S. Broadway**
19. (a) **MAY 26 1942** (b) **W. J. McFarland**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 96
(c) City or town **Lemay** (If outside city or town limits, write "RURAL")
(d) Street No. **248 Wachtel ave.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24**
year **1942** hour **2** minute **45** P. M.

21. I hereby certify that I attended the deceased from **May 19 1942** to **May 24 1942**
that I last saw him alive on **May 23 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Dry Gangrene** 10 days
Due to **Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

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) (e) Means of injury **D**

23. Signature **A. W. Peters** (M. D. or other)
Address **4145 S. Grand** Date signed **May 23/42**

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

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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.....

Lewis C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.