V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38498

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10465

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

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: 3827 Juniata Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 169

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3827 Juniata Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jacob Boehm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Cecelia Boehm

6. (c) Age of husband or wife if Deceased alive years

7. Birth date of deceased April 19th, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman & Buyer

11. Industry or business Famous-Barr & Co.

FATHER
12. Name Francis L. Boehm
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gruber
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Cecelia Reiff
(b) Address 3827 Juniata Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15th 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter&Paul Cemetery

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 South Grand Blvd.

19. (a) DEC 14 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan, 1922 to Dec. 12, 1942
that I last saw him alive on Dec. 11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral embolism and thrombosis	1 yr
Due to arterio sclerosis	10 yrs
Due to 174	
Other conditions hernia, right, complete (Include pregnancy within 3 months of death)	20 yrs

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. H. Cleveland (M. D. ~~or other~~)
Address 3326 Meramec St. Date signed 12/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 T Hirons

Licensed Embalmer No. 4319

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.