

FILED DEC 7 1944  
Registrar District No. \_\_\_\_\_

Primary Registration District No. 6048

Registrar's No. 222

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town O'Fallon, Madison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

8. (a) PRINT FULL NAME Frank A. Boehmer

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 24, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 10 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Frank B. Boehmer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Cowley  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Boehmer  
(b) Address O'Fallon Mo.

17. (a) Burial (b) Date thereof Nov. 13 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon Mo.

18. (a) Signature of funeral director E. A. Keithley  
(b) Address Duless Mo.

19. (a) 11/11/44 (b) E. A. Keithley  
(Date received in local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town O'Fallon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9  
year 1944 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from April 1944 to Nov. 9, 1944  
that I last saw him alive on Nov. 8, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 4 yrs.

Due to Cardio Renal Vascular disease 4 yrs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of autopsy \_\_\_\_\_ 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) Years of injury 0

23. Signature Nicholas J. Nonch (M. D. \_\_\_\_\_)  
Address O'Fallon, Mo. Date signed 11/9/44

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

2000

082

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 12-5-44

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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 E. A. Keating

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.**