

STANDARD CERTIFICATE OF DEATH

State File No. **10918**
Registrar's No. **2586**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3815 Wyoming St.,
(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

3. (a) PRINT FULL NAME Emily, Boehm,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife Frank L. Boehm, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 4, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Columbia, Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER {

12. Name Anton Stoll,

13. Birthplace Don't Know, (City, town, or county) (State or foreign country)

14. Maiden name Don't Know,

15. Birthplace Don't Know, (City, town, or county) (State or foreign country)

16. (a) Informant Eugene J. Boehm,
(b) Address 311¹ Meramec St.,

17. (a) Burial, (b) Date thereof 3/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) MAR 18 1946 (b) J. F. Bradeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3815 Wyoming St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1946 hour 1: minute 05 A. M.

21. I hereby certify that I attended the deceased from July 10th 1945 to March 16th 1946
that I last saw her alive on March 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs

Due to Arterio Sclerosis 20

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93
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 0

23. Signature William Baror (M. D. or other) MD
Address 3601 S Jefferson Date signed 3-17-46

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094

P.O. Address 2842 Meramec St
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, fact should be so stated above.