. S. No. 2
M—12-45
v. 5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1947

Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32198

Primary Registration District No. 3058

Registrar's No. 148

1. PLACE OF DEATH:

(a) County: St Charles

(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles 92

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.2. St. Charles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Otto W. Boehmer

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: Single

6. (b) Name of husband or wife

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

7. Birth date of deceased: January 7, 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: St. Charles County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Louis Boehmer
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Fredericka Bull
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Hilda Boehmer
(b) Address: St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Lutheran Cemetery Harvester, Mo.

18. (a) Signature of funeral director: Hartmann Bauer
(b) Address: 326 6th. Str., St. Charles, Mo.

19. (a) 8/31/47 (Date received by local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1947 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from 4-11, 1947 to 8-13, 1947 that I last saw him alive on 8-13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Glomerular nephritis	
Due to: Cardio renal vascular disease	Several years
Due to:	
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

23. Signature: [illegible] (M. D. or other) M.D.
Address: 114 N. Main St. Charles Signed 8-15-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1948

RECEIVED
District Health Officer No. 9,
District File Number
SEP 17 1947
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.