

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34600

State File No.

318

1003

Registrar's No. 8825

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8825			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3801A Ashland Ave.				d. STREET ADDRESS (If rural, give location) 3801A Ashland Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Otto		b. (Middle) _____		c. (Last) Boehm		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 6, 1876		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Groc. & Meats		11. BIRTHPLACE (State or foreign country) GER		12. CITIZEN OF WHAT COUNTRY? Germany			
13a. FATHER'S NAME Adolf Boehm			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If you give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Ella King		ADDRESS 3801A Ashland Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis ANTECEDENT CAUSES Carcinoma of Mouth - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Buena Hope Hospital & Prostals						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION 10/4/49		19b. MAJOR FINDINGS OF OPERATION Chronic Cell Carcinoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 143A					
22. I hereby certify that I attended the deceased from 4/16 , 19 48 , to 10/17 , 19 50 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15pm. , from the causes and on the date stated above.									
23a. SIGNATURE JAMES E. PLANCY (Degree or title) _____				23b. ADDRESS 1017 1/2 N. Grand Blvd.		23c. DATE SIGNED 10/17/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/19/50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OCT 18 1950		REGISTRAR'S SIGNATURE J. B. Sarter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paschedag-Henke 2825 N. Grand Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Student Embalmer No.

Signed.....

Wm. J. Safford

Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.