

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28981

State File No. _____

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>362</u>	Registrar's No. <u>2862</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> <u>4534</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7217 Gayola Pl., Maplewood</u>		d. STREET ADDRESS (If rural, give location) <u>7217 Gayola Place.,</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u>		b. (Middle) <u>Boehm</u>	c. (Last) <u>Boehm</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1951</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>March 7, 1876</u>	9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Carlinville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John C. Straub</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Lentz</u>	14. NAME OF HUSBAND OR WIFE <u>John D. Boehm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. & Mrs. Carl Buescher, 7217 Gayola Pl.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES 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. <u>Hypertension</u> <u>334</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>July 24, 1951</u> , to <u>Aug 6, 1951</u> , that I last saw the deceased alive on <u>Aug 6, 1951</u> , and that death occurred at <u>7:50 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Theresa A. Dill M.D.</u> (Degree or title)		23b. ADDRESS <u>7346 Manchester Maplewood 17, Mo.</u>	23c. DATE SIGNED <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/8/51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dinkels</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>		

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

Dr. Foster A. Dill,
7348 Manchester

HI 1751

1:00 - 4:00 - 7:00 - 8:00

Except wednesday

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Max L. Wapfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St Louis Ave*

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.