

FILED JUL 22 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6689

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2159</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis 1</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>15 3871 Bingham Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5539 S. Grand</b>				3. NAME OF DECEASED a. (First) <b>FRANK</b> b. (Middle) <b>Julius</b> c. (Last) <b>Boehm</b>			
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>		8. DATE OF BIRTH <b>May 2, 1893</b>	
9. AGE (In years last birthday) <b>59</b>		10. MONTHS <b>7</b>		10. DAYS <b>10</b>		10. YEAR <b>1952</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dauernheim Bk. Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Vienna Austria 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Anthony Boehm</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Bollack</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Boehm</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-01-2874</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lena Boehm 3871 Bingham Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Coronary Arteriosclerosis -</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7-10-52</b>  <b>1950</b>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		19a. -DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. -DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 19, 1949</b> , to <b>July 10, 1952</b> , that I last saw the deceased alive on <b>July 9, 1952</b> , and that death occurred at <b>6:05 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph E. Carney M.D.</b>				23b. ADDRESS <b>906 Olive St.</b>		23c. DATE SIGNED <b>7-10-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>July 14, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis, County</b>	
DATE REC'D BY LOCAL REG. <b>JUL 10 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Witt Bros. L &amp; H. Co. 2929 S. Jefferson</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Harold C. Witt*

Licensed Embalmer No. 4353

P. O. Address 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.