

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33702

State File No. ....

FILED SEP 23 1952  
BIRTH NO. 57648 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2386

1005

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

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>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>16 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		4171
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospt.</u>			d. STREET ADDRESS (If rural, give location) <u>5314 Gladstone Pl.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>A</u>	c. (Last) <u>Boehmer 3rd.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1952</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 28 1952</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
				<u>16</u>	<u>Days</u>	<u>16</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm. A. Boehmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Delores Snow</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. a Boehmer 5314 Gladstone Pl.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u>			3 Days
		DUE TO (c) <u>7630</u>			
		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			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 11, 1952, to Sept 13, 1952 that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 9:45a m., from the causes and on the date stated above.

23a. SIGNATURE <u>LeRoy Gardner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>384 Ivanhoe</u>	23c. DATE SIGNED <u>9-15-52</u>
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24a. (BURIAL) (Specify) <u>Resurrection Cem.</u>	24b. DATE <u>Sept 15 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-15-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.</u>		
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3284 Johnson Ave.  
St. 8670  
10 AM.

**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 Alfred J. Boedeker  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiama

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.