No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1953

State File No. 44100

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3334

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miller Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2034
d. STREET ADDRESS (If rural, give location): 6049 O'Dell

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): H
c. (Last): Boehm

4. DATE OF DEATH (Month) (Day) (Year): 12 28 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-17-1878
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Retired~~ Unknown
10b. KIND OF BUSINESS OR INDUSTRY: P S Employee
11. BIRTHPLACE (City and State or Foreign Country): Washington, Missouri
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Josephine Ferren bach
14. NAME OF HUSBAND OR WIFE: Josephine Boehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 493 10 8512B
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Josephine Boehm 6049 O'Dell, St.Louis, Mo

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): Cerrebral Hemorrhage (left side) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Heart and Kidney
DUE TO (c): Disease — 1 Yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 331X

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1952, *to* Dec. 28, 1952, *that I last saw the deceased alive on* Dec. 27, 1952, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Walters M.D.
23b. ADDRESS: 3608 S. Grand Blvd.,
23c. DATE SIGNED: 12/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12-31-1952
24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory St Louis,
24d. LOCATION (City, town, or county) (State): Missouri

DATE REC'D BY LOCAL REG.: 12-29-52
REGISTRAR'S SIGNATURE: Herbert R. Donohue
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa, St.Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Wm.Walters
La 7891
3608 Grand Blvd

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.