

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2745**
Registrar's No. _____

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6051</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harvester		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harvester		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2				d. STREET ADDRESS (If rural, give location) Rt. 2					
3. NAME OF DECEASED a. (First) HUGO			b. (Middle) F		c. (Last) BOEHMER		4. DATE OF DEATH (Month) (Day) (Year) January 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 26, 1895		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR 0	IF UNDER 1 MONTH _____	IF UNDER 1 HOUR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) St. Charles County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Louis Boehmer			13b. MOTHER'S MAIDEN NAME Fredericke Bull		14. NAME OF HUSBAND OR WIFE Adele Heitgerd Boehmer				
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adele Boehmer, Rt.2 Harvester, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH none		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis					unknown		
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None			4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None					
22. I hereby certify that I attended the deceased from Feb. 1952 , to Jan 15, 1953 , that I last saw the deceased alive on Jan. 12, 1953 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) Doc. Z. Randall, M.D.				23b. ADDRESS 207 N. 5th, St. Charles, Mo.		23c. DATE SIGNED Jan. 17, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Harvester Cemetery		24d. LOCATION (City, town, or county) (State) Harvester, Missouri				
DATE REC'D BY LOCAL REG. 1-20-53		REGISTRAR'S SIGNATURE E.A. Keith 1284-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hackmann - Bann St. Charles, Mo.					

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

FILE

MAR 20 1953

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

Clarence M. Billo

Licensed Embalmer No. 4375

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.