No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39679

BIRTH NO. 84968-54 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 500 Registrar's No. 2572

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
d. STREET ADDRESS (If rural, give location): 957 Buck Eye Dr. Ferguson, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): CRAIG / CRAIG
b. (Middle): WILLIAM / WILLIAM
c. (Last): BOEHMER / BOEHMER

4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 54 / 11 5 54

5. SEX: Male / Male
6. COLOR OR RACE: White / White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby / Baby
8. DATE OF BIRTH: 11-2-54 / 11/2/54
9. AGE (In years last birthday): If under 1 year: Months 0, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby / Baby
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Normandy, Missouri / Normandy, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A. / U.S.A.

13a. FATHER'S NAME: Wm. Adolph Boehmer Jr. / Wm. Adolph Boehmer Jr.
13b. MOTHER'S MAIDEN NAME: Mary Dolores Snow / Mary Dolores Snow
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *** ******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Wm. A. Boehmer Jr. 957 Buckeye Dr.

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): Prematurity
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Maternal Diabetes
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 34½ hrs.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 7696
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* 11-3-54, 19___, *to* 11-5-54, 19___, *that I last saw the deceased alive on* 11-5-54, 19___, *and that death occurred at* 10:32a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DO 2
23b. ADDRESS: 6201 Lotus Ave
23c. DATE SIGNED: 11-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/8/54
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 11/6/54
REGISTRAR'S SIGNATURE: Herbert R. Hanke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jos. W. Clark 1125 Hodiamont Ave.

(Licensed Embalmer Attachment on Reverse Side)

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.....

.....

working under my personal supervision.

No Embalming

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alfred J. Bedeker

Licensed Embalmer No. 266

P. O. Address 1125 Hollywood

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.