

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-007949

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 2121** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b 3 WKS.	c. CITY OR TOWN OAKVILLE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DECONESS HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2948 YEAGER RD. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH HENRY BOEHM			4. DATE OF DEATH Month Day Year FEB - 21 - 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR-23-1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months 10 Days 29 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CEMENT FINISHER		10b. KIND OF BUSINESS OR INDUSTRY CON. WORK		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN/OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK BOEHM		13b. MOTHER'S MAIDEN NAME KATHERINE RITTER		14. NAME OF HUSBAND OR WIFE ANNA M. 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. 499-03-3512		17. INFORMANT Address 2948 YEAGER RD ST LOUIS 29, MO ANNA M. BOEHM			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hepatoma of liver with metastases to kidneys, adrenal glands, spleen, lungs, small intestine & skeleton.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease		PART III. If deceased was female was there a pregnancy in last 90 days. 155.0 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST LOUIS	COUNTY ST LOUIS	STATE MO
21. I attended the deceased from 2/21/48 to 2/21/60 and last saw ^{xx} him alive on 2/20/60 Death occurred at 2-21-60 4:45A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W. Eades (Degree or title) M.D.	22b. ADDRESS 7602 So. Broadway	22c. DATE SIGNED 2/22/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB-24-1960	23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem.	23d. LOCATION (City, town, or county) (State) LEMAY, MO
24. FUNERAL DIRECTOR Fey FUNERAL HOME, MEHLVILLE MO	25. DATE RECD. BY LOCAL REG. FEB 23 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Kipwood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.