WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40242

File No. 12280

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 701

Primary Registration District No. 1013

(No. 4506 Alaska St. Ward)

2. FULL NAME John Boehm

(a) Residence. No. 4506 Alaska St., 15 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Boehm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13th. 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	2	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Belt Maker

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Frank A. Boehm

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Marie Jamssech

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Elizabeth Boehm
(Address) 4508 Alaska

15. FILED DEC 28 1926 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25th. 1926

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Dec. 25, 1926, that I last saw him alive on Dec. 25, 1926, and that death occurred, on the date stated above, at 10.34 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
93C

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) A. H. Cleveland, M. D

Dec. 27, 1926 (Address) 3326 Meramec

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefomtaine Cemetery

DATE OF BURIAL Dec. 28- 1926

20. UNDERTAKER Wacker Helderle

ADDRESS 2331 S. Edwa