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

Do not use this space.

6575

File No. 1799

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Katherine Boehr

(a) Residence. No. 5426a Michigan Ave. 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) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Boehr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26th. 1872.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 2 | 25 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

21071

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

PARENTS

10. NAME OF FATHER John Helfenstein

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John Boehr
(Address) 5426a Michigan Ave.

15. FILED FEB 22 1927 19 Max C. Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20th. 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 5:40 A.M. P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Fracture Skull) Thrown from Automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Crossed Gardens

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/20/27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. W. Roth, M.D.

2/21- 1927 (Address) Coroners Office

*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 Mt. Hope Cemetery

DATE OF BURIAL Feb. 23- 1927.

20. UNDERTAKER Wacker-Helderle

ADDRESS 2331 S. Bdway

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.

PERMANENT RECORD