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.

28514

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28514

Township ..... Primary Registration District No. 1003 Registered No. 8044

City St. Louis (No. 2120 College Ave St. ..... Ward)

2. FULL NAME Charlotte K. Boehmer

(a) Residence. No. 2120 College Ave St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward H. Boehmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 7, 1861

7. AGE: Years 65 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Frank Huning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Gottmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Harry F. Boehmer
(Address) 2120 College Ave

15. FILED SEP 10 1927, 19..... Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 8 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1927 to Sept 8, 1927 that I last saw h... alive on Sept. 8, 1927, and that death occurred, on the date stated above, at 12 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

46B

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44a

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Emmy Ross, M. D

Sept 9, 1927 (Address) 1918 S. Grand a

*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: Zion's
DATE OF BURIAL: Sept. 11 1927

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 W. West Florissant Ave.