

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.

Dr. Leslie 10063

1. PLACE OF DEATH

County *St. Louis*
Township *Doniphan*
City *Kirkwood*

Registration District No. *785*
Primary Registration District No. *6031*

File No. _____
Registered No. *59*
St. _____ Ward _____

2. FULL NAME

Charles Boemler
(a) Residence. No. *Old Folks Home* Ward. *Kirkwood Mo*
(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

M

4. COLOR OR RACE

WL

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 4 - 1849

7. AGE

YEARS *80*

MONTHS *5*

DAY *3*

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Lawyer

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

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Illinois

(STATE OR COUNTRY)

10. NAME OF FATHER

Hy. Boemler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Hoeser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Old Folks Home Kirkwood Mo.

15.

FILED

4/9 1930 P.E. Barnett M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar - 7 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from *March 1*, 1930, to *March 7*, 1930, that I last saw him alive on *March 7*, 1930, and that death occurred, on the date stated above, at *1:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
93C
107A

(duration) _____ yrs. _____ mos. *3* ds.

CONTRIBUTORY (SECONDARY)

Myocarditis (chronic)

(duration) *10* 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

Examination
(Signed) *Dr. Leslie*, M. D.

(Address) *Kirkwood, Mo.*

*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

DATE OF BURIAL

Bellefontaine Cem.

3/10/1930

20. UNDERTAKER

ADDRESS

Louis H. Bopp
Kirkwood Mo

