

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

Do not use this space.

10863

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 5135)

Registration District No. 791  
Primary Registration District No. 1003  
Robin rd.

File No.....  
Registered No. 2888  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant of Filmore & Bertha Bohmeyer  
(a) Residence. No. \_\_\_\_\_ St. 7 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** Female **4. COLOR OR RACE** White **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)** March 18, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 1/2 hr. or _____ min.
			<u>2</u>	

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work. \_\_\_\_\_  
(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)** St. Louis Mo.

**10. NAME OF FATHER** Filmore Bohmeyer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

**12. MAIDEN NAME OF MOTHER** Bertha G. Studer

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

**14. INFORMANT** J. W. Kerner  
(Address) Coronet Court

**15. FILED** 21 1930  
W. C. Harkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 20 1930

**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 \_\_\_\_\_ 7:45 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Premature Birth  
about 8 Mo. Gest.  
Cause Unknown  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 16 W  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**18 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_**  
**19. WAS THERE AN AUTOPSY?** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**  
(Signed) J. W. Kerner M.D.  
(Address) Dep Coronet

\*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** Bethany Cemetery **DATE OF BURIAL,** March 21 1930

**20. UNDERTAKER** John A. Genteman **ADDRESS** 5077 Durant

K. 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.

WHITE PAPER, WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

