

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.

MAY 20 1930

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

Do not use this space.

13975

1. PLACE OF DEATH
 County St. Louis County Registration District No. 1170
 Township Richmond H. Co. Primary Registration District No. 6248 N
 City Richmond H. Co. No. 7401 Rupert Ave St. _____ Ward _____

2. FULL NAME Susaw Boehmer
 (a) Residence. No. 7401 Rupert Ave St. _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 3

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 Christian Oerter
 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 K. Hest
 (Address) 7401 Rupert Ave

15. FILED 4/14 19 30 G. J. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13th 1930

17. HEREBY CERTIFY, That I attended deceased from April 13, 1930 to April 13, 1930 that I last saw her alive on April 13, 1930 and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
108 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1010A (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) M. J. Shultz M. D.
4/14, 1930 (Address) 4300 Maryland

*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 Waterloo St. Protestant Ch. DATE OF BURIAL April 16 1930
 20. UNDERTAKER Witt Bros. L. Co. 2929 So. Jefferson ADDRESS

67 300 - 4/10/1914

Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.