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.

APR 27 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15339

1. PLACE OF DEATH
County St Louis Registration District No. 790
Township Central Primary Registration District No. 6033
City Clayton (No. 409 Oakley Drive St. Ward)

File No.
Registered No.

2. FULL NAME Charles Boehne
(a) Residence. No. 409 Oakley Drive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	64	4	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Building Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) 77
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Chas. Boehne
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mary L. Boehne
(Address) 409 Oakley Drive

15. FILED Apr. 6, 1931 R. W. Sullivan REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1931

17. I HEREBY CERTIFY, That I attended deceased from — — — —, 1926 to April 4, 1931
that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of neck. —
(metastases from carcinoma of lower lip.)
(lip out) (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) neck metastases.
(Lip has been healed) (duration) 1½ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF last June 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? microscopic
(Signed) C. F. Sherwin, M. D.
4-4, 1931 (Address) 3720 Washington

*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.

456 535 1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla	April 6 1931
20. UNDERTAKER	**ADDRESS**
Hy Leidner Und Co.	1417 N. Market St.