

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

Do not use this space.

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1043
(No. 4021 Pleasant)

File No. 24458
Registered No. 5830
St. _____ Ward _____

2. FULL NAME

William H. Boehmer
(a) Residence, No. 4021 Pleasant St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1915
7. AGE YEARS 27 MONTHS 6 DAYS 12
IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. repair shop
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haywards California

13. NAME Herman F. Boehmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Anna Potast

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Mrs. F. Boehmer 4021 Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bethel Cem. DATE July 4 1933

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED Jul 13 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933

22. I HEREBY CERTIFY That I attended deceased from June 22 1933 to July 1 1933
last saw him alive on July 1 1933. Death is said to have occurred on the date stated above, at 9:05 A.M.

The principal cause of death and related causes of importance were as follows:

Ibar Pneumonia Date of onset 6-23-33

Other contributory causes of importance: 108 100

Name of operation _____ Date of _____

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) G. H. Wilson, M. D.

(Address) 4105 W. Chamrock Ave.

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.

