Filed by mistake in City of St Louis

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

Do not use this space.

MAR 2 1935

1. PLACE OF DEATH County St. Louis Township Carondelet City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

Registration District No. 1123 Primary Registration District No. 6248 B

File No. 45381 Registered No. 24

2. FULL NAME Erich A. Boemer

(a) Residence, No. 3426 So. Jefferson Avenue St., 24 Ward. St. Louis, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. wn 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 8 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable 10 yrs

10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unavail. 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milstadt Illinois

FATHER

13. NAME William C. Boemer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Millstadt Unavailable Ill.

MOTHER

15. MAIDEN NAME Caroline Dohrmann ~~Unavailable~~

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Millstadt Unavailable Ill

17. INFORMANT W. C. Gibson (ADDRESS) Vet. Adm. Facility Jeff. Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL Millstadt Ill

PLACE Mount Evergreen Cem DATE Jan 2, 1935

19. UNDERTAKER Central Undertaking Co. (ADDRESS) 1841 Cass Avenue, St. Louis, Missouri

20. FILED Jan. 15, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to December 30, 1934

I last saw him alive on December 30, 1934 Death is said to have occurred on the date stated above, at 3:40 a.m.

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

	Date of onset
Bronchopneumonia, lower lobes, both lungs.	Unknown
Other contributory causes of importance:	
Multiple Sclerosis	Unk.
Von Recklinghausen's Disease.	Unk.

Name of operation None Date of –

What test confirmed diagnosis? Physical exam, clinical manifestations and laboratory findings. Was there an autopsy? None

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) W. C. Gibson, M.D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD