

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

Do not use this space.

42496

DEC 3 1936

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **008**  
City St. Louis, Mo. (No. Deaconess Hospital)

File No.....  
Registered No. **10987**  
St. .... Ward)

**2. FULL NAME**

Emma Boehm,  
(a) Residence, No. 1408 Hebert Street St., 26 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Late Fred Boehm</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 24th, 1879</b>		
7. AGE YEARS <b>57</b>	MONTHS <b>1</b>	DAYS <b>7</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Center City, Mo.**  
(STATE OR COUNTRY)

13. NAME **Fred Fiemann**

14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Minnie Schuette**

16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT **Fred Steinkamp**  
(ADDRESS) **1408 Hebert Street**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **National Cem.** DATE **Nov. 4th, 1936**

19. UNDERTAKER **My Friend and Co.**  
(ADDRESS) **1417 N. Market St.**

20. FILED **NOV 4 1936** **J. B. Bueckle**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 1st, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 30, 1936** to **Oct 31, 1936**  
I last saw her alive on **Oct 31, 1936** Death is said to have occurred on the date stated above, at **3:50 a.m.**  
The principal cause of death and related causes of importance were as follows:

Obstruction of bowels	Date of onset <b>9/30/36</b>
Obstruction due to gall stone lodged in ileum acute myocarditis	
Name of operation <b>resection ileum</b> Date of <b>Oct 17</b>	
What test confirmed diagnosis?..... Was there an autopsy? <b>No</b>	

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) **H. H. Kelbring**, M. D.  
(Address) **4963 Clumpton 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.

