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.

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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3338

Township ..... Primary Registration District No. 1003 Registered No. 369

City St Louis (No. St Anthony Hosp. 1 St. ..... Ward)

96
30
9

2. FULL NAME Frederick Anton Boehrer

(a) Residence, No. 2837 Wisconsin St., 24 Ward. 1
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa nee Rothenbuecher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottling Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anheuser Busch
10. Date deceased last worked at this occupation (month and year) Dec 31-1936
11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME Franz Boehrer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mrs Hazel Bernhard 2837 Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Brl Pk DATE 1-9- 1937

19. UNDERTAKER (ADDRESS) Witt Bros L & U Co. 2929 So Jefferson Ave

20. FILED ..... 19 J F Bredeck Registrar.

JAN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany. 6 - 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1937, to Jan 5, 1937

I last saw him alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 12 a.m.

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

Peritonitis acute
Cancer Sigmoid

Date of onset ?

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

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? No

If so, specify .....

(Signed) H. S. Pyne, M. D.

(Address) 1803 Pestalozzi 1

[illegible]
[illegible]
7 p.m.