

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **8803**), **Lowell St.** St. Ward)

File No. **8153**
Registered No. **1001**

2. FULL NAME

Kunnie Boehm
(a) Residence, No. **8803 Lowell St.** St. **8** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED (MARRIAGE OF (OR) WIFE OF) **Christ Boehm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8th, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 **1** **26**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **George Zielman**

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

15. MAIDEN NAME **Don't Know**

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

17. INFORMANT **Mr. Mayor Beatty** (ADDRESS) **8803 Lowell St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **2/6/37**

19. UNDERTAKER (ADDRESS) **French Ind. Co. 3710 N. Grand Blvd.**

20. FILED **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/4/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 10, 1936**, to **Feb 4, 1937**

I last saw **her** alive on **Jan 3, 1937**. 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:

Apoplexy Date of onset **Jan 3, 36**

Other contributory causes of importance: **epithelioma of penis** 1934

Names of operation **Removal of growth** Date of **Dec 8, 1937**
What test confirmed diagnosis? **Culture** 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? **no**
If so, specify
(Signed) **J. A. Benson** M. D.
(Address) **#1441 Marcupa**

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.

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REC 5 - 1007

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