

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9190

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4535 Virginia Ave.** St. **2779**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Pearl Boehmer 560**

(a) Residence, No. **4535 Virginia Ave.** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Arthur Boehmer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **St. Louis Mo.**13. NAME **Ben Schmering**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Old Monroe Mo.**15. MAIDEN NAME **Dora Meyer**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**17. INFORMANT (ADDRESS) **Arthur Boehmer 4635 Virginia Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **Mar. 24 1938**19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher 3013 Meramec St.**20. FILED **MAR 23 1938** **J. B. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/21- 1938**22. I HEREBY CERTIFY That I attended deceased from **3/15-** 19**38**, to **3/21-** 19**38**I last saw her alive on **3/21** 19**38** Death is said to have occurred on the date stated above, at **7:00 P.** m.

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

Unl. Edema glottis Date of onset **3/21-38**Other contributory causes of importance: **Bilateral Peritonsillar Abscesses, non-diphtheritic**Name of operation **opened by Dr. J. M. Waller** Date of **3/21-38**What test confirmed diagnosis? **By spec.** 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) **William J. Hana** M. D.(Address) **4135 Virginia Ave**

4505 Westwood
10/30/11

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Fred W. Wettig

Licensed Embalmer No. 1534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)