

REC'D MAR 13 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003

4341

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1034**
 (c) City..... (d) Street No. **Memorial Home 2609 So. Grand** St.
 (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 **500 AUG. BOEHM**

(a) Residence, No. **2609 So. Grand** St. **17** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1958				
7. AGE YEARS 79	MONTHS 1	DAYS 12	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher			
	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) Unknown		11. Total time (years) spent in this occupation Unknown	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				
FATHER	13. NAME William Boehm			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Fredericka ?			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			

17. INFORMANT **Susan Shaw**
 (ADDRESS) **2609 So. Grand**
 18. BURIAL, CREMATION, OR REMOVAL **Burial**
 PLACE **St. Mathews** DATE **Feb. 2, 1939**
 19. FUNERAL DIRECTOR **Craig Undertaking Co.**
 (ADDRESS) **4468 Washington Ave.**
 20. FILED **FEB 1 1939** **J. P. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 1, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **Jan 28, 1939, to Jan 31, 1939**
 I last saw him alive on **Jan 31, 1939**. Death is said to have occurred on the date stated above, at **5:30 p. m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Edema
no pneumonia, non tubercular
bronchial asthma and yrs
 Other contributory causes of importance:
Chronic Myocarditis yrs.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify.....
 (Signed) **H. D. Infante** M. D.
 (Address) **3103 Arsenal St**

STATEMENT BY LICENSED EMBALMER

I, Philanda Corais, Licensed Embalmer No. 826

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

L. E.

No. 826 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Philanda Corais

Licensed Embalmer No. 826

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.)