REC'D MAR 13 1939

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

791

4932
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1625
(c) City St. Louis, Mo. (d) Street No. 3668 Wyoming 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 Mr. Stephen J. Boehm
(a) Residence, No. 3668 Wyoming St. 16
(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: 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: Mrs. Elizabeth Boehm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 3, 1871

7. AGE: 67 YEARS, 6 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as saw mill, bank, etc.: Enameling & Stamping
10. Date deceased last worked at this occupation (month and year): October 1936
11. Total time (years) spent in this occupation: 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

FATHER
13. NAME: John Boehm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Theresa Habschmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Elizabeth Boehm, 3668 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old SS. Peter & Paul DATE: Feb. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Beiderwieden F. H. Inc., 1936 St. Louis Avenue

20. FILED: FEB 20 1939 J. F. Brehek, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 25th, 1939, to Feby. 18th, 1939
I last saw him alive on Feby 18th, 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1930
Other contributory causes of importance:	
Diabitis Melitis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual 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 Baron, M. D.
(Address) 3601 S. Jefferson

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.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Baron
3601a S. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
....., or by Baron Percy

Registered Apprentice No. 141, working under my personal supervision.

Signed Thos A. Biddermann

Licensed Embalmer No. 506

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.