

141939

REC'D MAY 10 1939

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

16197
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Cerondelet Primary Registration District No. 200
(c) City Jefferson Barracks (d) Street No. Veterans Facility St. St.
(e) Length of residence in city or town where death occurred 500 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Boehm, William F.

(a) Residence, No. 235 So. Walnut Street, St. Centralia, Illinois.
(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. Mabel Boehm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Maker
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) Frogtown, Illinois

FATHER 13. NAME Louis Boehm

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

MOTHER 15. MAIDEN NAME Pauline Lange

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Clinical Clerk VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Ill. DATE April 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U.S.L.Co. 7814 S. Broadway

20. FILED APR 14 1939 W.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to April 13, 1939

I last saw h. im. alive on April 13, 1939. Death is said to have occurred on the date stated above, at 4:05 P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic with cardiac hypertrophy (hypertensive heart disease). Date of onset Unkn.

Other contributory causes of importance: Arteriosclerosis, general. Unkn.

Name of operation None Date of None
What test confirmed diagnosis? Div. Clinical manif. and lab. 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) C. H. HUGHES, M. D.
(Address) VAF Jefferson Bks. Mo.

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.

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.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed.....

Geoff Hoffmeister

.....
Licensed Embalmer No.....

P. O. Address.....

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.)

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