

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27349

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7245

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community Birth
years, months or days

3. (a) PRINT FULL NAME Barbara Boehner 560

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased April 28, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	3	29	hr.	min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Boehner 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaretta Roeder

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John Boehner

(b) Address 4250 College Ave

17. (a) Burial (b) Date thereof 8/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 28 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4250 College Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1940 hour 11:55 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to 8/26/40, 19____; that I last saw h w alive on 8/26/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Breast 5 mo.

Due to _____

Due to _____ 50

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Theo. W. Hansw (M. D. or other) M.D.

Address 3657 Grand St Date signed 8/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 William G. Buckho

Licensed Embalmer No. 2110

P. O. Address St. Louis

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.