DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37348

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9621

FILED DEC 11 1940

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: St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4617 Nebraska Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Emily Boehme

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Philipp

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

7. Birth date of deceased April (Month) 17 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Irene Boehme
(b) Address 4617 Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.

19. (a) NOV 23 1940 (Date received local registrar) (b) J. F. Ardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 22, 40, 19 , to Nov 22, 1940
that I last saw her alive on Nov 22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	6 days
Due to: Strangulated umbilical hernia.	6 days
Due to	
Other conditions: Mitral Stenosis (Include pregnancy within 3 months of death)	Chronic

Major findings:
Of operations: Hernia strangulated & bowel gangrenous.
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address 7702 Avory Date signed 11/23/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

Woodlawn Cem
10-1

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 Clarence J. Rochow, Registered Apprentice No. ____, working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.