V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15643

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 935

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/12/41. (Specify whether years, months or days) In this community Unknown.

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County

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

(d) Street No. 4021 Beachwood Street (If rural, give location)

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

3. (a) PRINT FULL NAME Oliver B. Boehmer

3. (b) If veteran, name war World War 1918 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive unkn years

7. Birth date of deceased August (Month) 19, (Day) 1886 (Year)

8. AGE: Years 55 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business -

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

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

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-1942. (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) Apr 27 1942 (Date received for registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th. year 1942 hour 12:15 minute a. M.

21. I hereby certify that I attended the deceased from October 12, 1941, to April 25, 1942 that I last saw him alive on April 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease, cardiac enlargement, mitral valve damage, myocardial damage, auricular fibrillation and myocardial insufficiency.	Abt. 20 years
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy Autopsy performed. See cause of death.	

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) no
(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 L. M. COCHRAN, M. D., (M. D. or other)
Address Chief Medical Officer. Date signed 4/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. _____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.