

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22124

Registration District No. 210

Primary Registration District No. 4455

Registrar's No.

1. PLACE OF DEATH

(a) County Platt Hill
(b) City or town Platt Hill
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME

Stephen F. Boehmer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Matilda Boehmer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 10 (Month)

1965 (Year)

10 (Day)

8. AGE:

Years 76 Months 9 Days 10

If less than one day
hr. min.

9. Birthplace

Platt Hill
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

Harvester

11. Industry or business

MOTHER FATHER

12. Name Theodore Boehmer

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

14. Maiden name Gertrude Krueger

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

16. (a) Informant

Gertrude Boehmer

(b) Address

Platt Hill

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof June 10 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Platt Hill

18. (a) Signature of funeral director W. E. Selman

(b) Address Wentzville, Mo.

19. (a) 6/25/42
(Date received local registrar)

(b) Gertrude S. Scutell
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles
(c) City or town Platt Hill, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 2 minute 17 M.

21. I hereby certify that I attended the deceased from June 6 1942
to 6/8 1942
that I last saw him live on 6/6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature W. E. Selman (M. D. or other) MO.

Address Wentzville Date signed

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

7
0
0

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.....

T. G. Plumeri

Licensed Embalmer No. 2711

P. O. Address. Wentzville, Mo.

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22124

Registration District No. 746

Primary Registration District No. 4455

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Stephen F. Boehmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10 1892
(Month) (Day) (Year)

8. AGE: Years 34 Months 9 Days mo (If less than one day _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Chronic nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. C. McMuray (M. D. or other) MD

Address Wentzville, Mo Date signed 8/13/42

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

SUPPLEMENTARY

Duration 17

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-22124