

FILED JAN 15 1943
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
404 S. Woodlawn 1
(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 Mo. (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 404 S. Woodlawn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John G. Boehm, Sr

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1942 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from Sept - 8 -
1932 to Dec 4 - 1942
that I last saw him alive on Dec - 20 - 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife Mary A. Boehm 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 20 1866
(Month) (Day) (Year)

Immediate cause of death: Myocarditis 10 yr
Arterio Sclerosis 20 yr
Due to Diasternal Ulcer 10 yr
Due to 93%

Other conditions: Embolism to
mesenteric artery

8. AGE: Years 76 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

Major findings: _____
Of operations _____

Of autopsy _____

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

10. Usual occupation Baker

11. Industry or business _____

12. Name F. X. Boehm

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

14. Maiden name Mary Schuck

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

16. (a) Informant Mary A. Boehm

(b) Address 404 S. Woodlawn Kirkwood

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director James H. Hoff

(b) Address Kirkwood Mo.

19. (a) DEC 7 - 1942 (b) E. G. McQueen
(Date received local registrar) (Registrar's signature)

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 Ralph E. Gaston
(M. D. or other)

Address Webster Groves, Mo. signed 12-5-42

APR 28 1944

APR 28 1944
APR 26 1944

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.....

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, fact should be so stated above.

APR 28 1944