

Registration District No. _____ Primary Registration District No. _____

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:
2120 East College Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Since Birth (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN L. BOEHMER
3. (b) If veteran, name war World No. 1 3. (c) Social Security No. 494-01-7856

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna (nee Kappen) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Edward Boehmer

12. Name Not Known

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

14. Maiden name _____
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Boehmer

(b) Address 2120 East College Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation Zion

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

(b) Address 2161 East Fair Avenue

19. (a) JAN 30 1943 (Date received local registrar) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2120 East College Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1943 hour 1 minute 48 AM. M.
21. I hereby certify that I attended the deceased from Jan 22, 1943
_____ 19 _____ to Jan 27 19 43:
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Broncho pneumonia 1-18-43

Due to 1/24
Other conditions Carbuncles Hepatitis, Chronic Nephritis
(Include pregnancy within 3 months of death)
Carditis Hypertension 186/124

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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)
(a) Means of injury _____

23. Signature Albert G. Mitchell (M. D. or other) _____
Address 2739 N. 2nd St. Bl Date signed 1-29-43

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

MOTHER FATHER

B

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address. St. Louis 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.