

8  
0.2  
-2-4J  
7-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 88

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 405

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(d) Length of stay: In hospital or institution 4 days  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(d) Street No. 112 S. 4th St  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Fred Boehner  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 21 1859  
(Month) (Day) (Year)  
8. AGE: Years 84 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)  
10. Usual occupation Retired  
11. Industry or business Carpenter

MOTHER FATHER { 12. Name Fred Boehner  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Augusta ????  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Nation  
(b) Address City Hospital

17. (a) Burial (b) Date thereof Jan 14 1944  
(c) Place: burial or cremation Mt. Hope Cemetery  
18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JAN 14 1944 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 9 year 1944 hour 1:30 minute A M.  
21. I hereby certify that I attended the deceased from January 6, 1944 to January 9, 1944; that I last saw him alive on January 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice probably result of previous due to of head of the pancreas 2 Mos.  
Due to.....  
Due to.....

Other conditions.....  
Major findings: Of operations none Of autopsy none  
PHYSICIAN H. G. [Signature]  
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 A. J. Verda (M. D. or other) 1.10/44  
Address 1515 Lafayette Ave. Date signed

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

**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 *Primo D. Owens*

Licensed Embalmer No. *7245*

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.**