

FILED APR 15 1944

Registration District No. **317**

Primary Registration District No. **3066**

Registrar's No. **863**

76  
4  
3

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

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

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?.....  
If yes, name country.....

3. (a) PRINTED FULL NAME E. Grace Boehm

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 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: July 18 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>20</u>	..... hr. .... min.

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

10. Usual occupation Bookkeeper

11. Industry or business.....

12. Name John G. Boehm

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

14. Maiden name Mary Hendrick

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

16. (a) Informant Mrs Mary Boehm

(b) Address 404 S. Woodlawn Ave. Kirkwood

17. (a) Burial (b) Date thereof 4-11-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) APR 11 1944 (b) E. G. McHarran, M.D.  
(Date of issue) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8  
year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 13 1943, to 4-8 1944  
that I last saw her alive on 4-8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach  
11 mo's

Due to.....

Due to.....

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

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)

23. Signature Webster Jones, M.D. (M. D. or other)  
Address Webster Jones, M.D. Date signed 4/10/44

APR 24 1947

---

**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.....

*Felix Durand*

Licensed Embalmer No. *3024*

P. O. Address.....

*Kirkwood 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.**