S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11997

State File No.

Registration District No. FILED APR 31 1944

Primary Registration District No. 3069

Registrar's No. 823

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6437 West Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 81 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6437 West Park Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Boehmer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife late Anna Boehmer

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

7. Birth date of deceased 6-8-1862 (Month) 9 (Day) 25 (Year)

8. AGE: Years 81 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Henry Boehmer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Krueger
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Officer Ed. Boehmer
(b) Address 6437 West Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) APR 7- 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd. year 1944 hour 4:30 PM minute M.

21. I hereby certify that I attended the deceased from December 19th, 1944, to April 3rd, 1944 that I last saw him alive on April 3rd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	Several [illegible]
Due to Chr myocarditis, nephritis arteriosclerosis - hypertension	?
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas C Bradshaw (M. D. or other) MD
Address 4660 Neary Lane Date signed 4/5/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Burdsall
4660 Maryland RO-0467

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 John P. Buchholz

Licensed Embalmer No. 674

P. O. Address 2223 St. Louis Ave

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.