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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16179

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4483

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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days (Specify whether years, months or days) In this community 58 yrs.

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. 5241 Thrush Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

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3. (a) PRINT FULL NAME Charles Boehning
3. (b) If veteran, name war No
3. (c) Social Security No. 488020603 5
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adelaide Boehning
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased October (Month) 4 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
58	7	9	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Metal Corporation

MOTHER FATHER
12. Name Henry Boehing
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
14. Maiden name Theresa Fisher
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Adelaide Boehning
(b) Address 5241 Thrush
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) MAY 15 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 23, 1944 to May 13, 1944 that I last saw him alive on May 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Carcinoma of the Urinary bladder with extension
Due to
Other conditions Uremia; terminal acidosis
(Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of bladder
Of autopsy As above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 5/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Bodeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.