

FILED FEB 18 1946

Registration District No. **37**

Primary Registration District No. **3058**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Charles**
(c) City or town **Flint Hill**
(If outside city or town limits, write "RURAL")
(d) Street No. **1** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Theodore Boehmer**

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 (Day) (Year)

7. Birth date of deceased **June 1 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **Flint Hill Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Theodore Boehmer**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Berthold**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **at husband's**

(b) Address **Westville Mo**

17. (a) **burial** (b) Date thereof **June 18 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flint Hill**

18. (a) Signature of funeral director **T. K. Peterson**

(b) Address **Westville Mo**

19. (a) **Jan 21/46** (b) **Fannie Hamilton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **15th**
year **1946** hour **10:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **11/12**, 1946 to **1/15**, 1946
that I last saw him alive on **1/15**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure**
cardiovascular renal
disease
Due to _____
Due to _____

Duration
1 week
3 yrs

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations **93d**
Of autopsy **none**

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)
(e) Means of injury _____

Signature **B. J. Newberry** M. D.

Address **St. Charles, Mo** Date signed **1/18/46**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-15-46

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 P. E. Bluman.....

Licensed Embalmer No. 2711.....

P. O. Address Wentzville, 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.