

**FILED JUN 7 1946**  
**STANDARD CERTIFICATE OF DEATH**

16264

State File No. \_\_\_\_\_

Registration District No. #195 119

Primary Registration District No. 119 4193

Registrar's No. 9

1. PLACE OF DEATH: **Gasconade**

(a) County **Gasconade**

(b) City or town **Hermann, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 years**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade 37**

(c) City or town **Hermann, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY 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 **married**

6. (b) Name of husband or wife **Daniel Boehm**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Jan. 18th 1862**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **4** Days **8**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Old Wollam, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Fritz Renne**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Hinsenber**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Kast**

(b) Address **Hermann, Mo.**

17. (a) **Burial** (b) Date thereof **5/28/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann City Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Hermann, Mo.**

19. (a) **5/27/46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1946** hour **11** minute **46** A.M.

21. I hereby certify that I attended the deceased from **April 6**  
19**46**, to **May 26** 19**46**  
that I last saw her alive on **May 18** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**  
**Hypertensive heart disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**[Signature]**

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 **[Symbol]**

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **Hermann, Mo.** Date signed **May 27 46**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-6-46

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.