

FILED JUL 16 1946

Registration District No. 219

Primary Registration District No. 3069

Registrar's No. 1744

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Richmond Hgts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Riv 10 - 1272
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT BOEHMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced (1)

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

7. Birth date of deceased July 4 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min. _____

9. Birthplace Richmond Hgts. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Boehmer
13. Birthplace Manlywood, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Dietz
15. Birthplace St Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Boehmer
(b) Address Box 10 Kirkwood RFD 10

17. (a) Burial (b) Date thereof July 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 7-8-46 (b) Tom E. Egley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 7-4
1946 to 7-5 1946
that I last saw him alive on 7-5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to Trauma of labor
1600

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? _____

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

23. Signature Tom E. Egley (M. D. or other) _____
Address Kirkwood, Mo Date signed 7/5/46

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

76
8
3

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.....

working under my personal supervision.

760 *Embalming*
..... Registered Apprentice No.

Signed *David Gibson*

Licensed Embalmer No. *3454*

P. O. Address.....

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.