

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4520

FILED MAR 10 1947
Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 5

1. PLACE OF DEATH:

(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 _____ (Specify whether)
In this community 60 yrs. years, months or days

3. (a) PRINT FULL NAME LOUIS E. BOEHM

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-20-2030

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Boehm 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 1947 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoemaker

11. Industry or business Int. Shoe Co.

12. Name Daniel Boehm

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

14. Maiden name Minnie Huxal

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

16. (a) Informant Ella Boehm

(b) Address Hermann Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 47 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann

18. (c) Signature of funeral director [Signature]

(b) Address Hermann Mo.

19. (a) 3/23/47 (Date received by local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
(c) City or town Hermann (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-17- 1947 to 2-21- 1947

that I last saw him alive on 2-21- 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration _____

Due to _____

Due to _____

Other conditions Diabetes m.
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

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: [Signature]

(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? [Signature] (Specify type of place) (e) Means of injury [Signature]

23. Signature Howard Kerkman (M. D. or other)

Address Hermann Mo. Date signed 2-23-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAK / 0 1947

MAR 20 1949

JAN 4 1955

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

E. R. Ruppel

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.