

1. No. 2
-12-45
5-17-39
I X47020

FILED MAR 31 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 yrs 2 mos 29 das.**
(Specify whether years, months or days) **80 years**

3. (a) PRINT FULL NAME **JOHN 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 **widower**

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

7. Birth date of deceased **January 23 1867**
(Month) (Day) (Year)

8. AGE: Years **80-** Months **1** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace: **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **August Boehmer**

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

14. Maiden name **Fredericka Huffendick**

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

16. (a) Informant **Thelma A Singler**
(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof **3-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem**

18. (a) Signature of funeral director **Colven J. Faust**
(b) Address **48th N. Bridge Blvd**

19. (a) **MAR 21 1947** (b) **J. F. Brudick**
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. **4800 N. 23rd St 500 Arsenal**
(If rural, give location) **1390**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19th**
year **1947** hour **11:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec., 20, 1943**, 19____, to **March 19**, 19____
that I last saw him alive on **March 19**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Senility

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **No**

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 _____

3. Signature **Reginald Novakovic** (M. D. or other) **M.D.**
Address **5400 Arsenal St** Date signed **3/19/47**

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

MOTHER FATHER

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.....

John A. Messier

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, 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.