S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33272

Registrar's No. 2080

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 4 days (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3341 California 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME BOEHMER, Alvin L.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 486-14-4646

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced M 7

6. (b) Name of husband or wife Mrs. Verna Boehmer

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October (Month) 8 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	11	28	hr. min.

9. Birthplace St. Charles, Missouri (City, town, or county) (State or foreign country) 6

10. Usual occupation Stenographer

11. Industry or business Linnemeyer & Schmidt

FATHER
12. Name Fred Boehmer
13. Birthplace New Haven (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Sophia Bloebaum
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Registrar
(b) Address Jefferson Barracks, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Beiderwieden Fun. Home
(b) Address 3620 Chippewa, St. Louis, Mo.

19. (a) 10-9-47 (Date received local registrar) (b) Carl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1947 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from August 2, 1947 to October 6, 1947;
that I last saw him alive on October 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Laennec's cirrhosis of liver.

Contr. cause: Hemorrhage from esophageal varices.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See cause of death

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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? — (Specify type of place)

While at work? Means of injury 0

23. Signature L. E. Stilwell (M. D. ~~xxxx~~)
L. E. STILWELL
Address Jefferson Barracks, Mo. Date signed 10/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1947

OCT 13 1947

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.