

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

FILED APR 23 1948 818

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 3 Days Memorial
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 5255 Bellview Str.
(e) Citizen of foreign country? No
If yes, name country

3: (a) PRINT FULL NAME CHARLES F. BOEHM

3. (b) If veteran, name war None 3. (c) Social Security No. 495-32-8020

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

6. (b) Name of husband or wife Mary F. Boehm 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug. 21, 1877

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Missouri

10. Usual occupation Retired Custodian

11. Industry or business

12. Name John Boehm

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mary F. Boehm

(b) Address 5255 Bellview Str.

17. (a) Burial (b) Date thereof 4/12/48

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director (b) Address 2117 E. Grand Blvd.

19. (a) 1948 (b) J. J. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1948 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from 4/6/48 to April 8th, 1948

that I last saw him alive on April 8th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations Same Of autopsy Same

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) While at work? (e) Means of injury
Signature: Carolyn Hendrix Date signed: 4/19/48

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

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.