

**FILED** JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42776

1003

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **11731**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>625 So. Skinker Blv'd.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EVYLLN</b>	b. (Middle) <b>KINNEY</b>	c. (Last) <b>BOEMER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 31 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 21, 1893.</b>	9. AGE (In years last birthday) <b>58.</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home..</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>.....</b>	11. BIRTHPLACE (State or foreign country) <b>Taylorville, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Kinney.</b>	13b. MOTHER'S MAIDEN NAME <b>Charlotte Jones..</b>	14. NAME OF HUSBAND OR WIFE <b>Dr Irving H. Boemer.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>none.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr L. C. Boemer, 49 Clermont Lane.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b> <b>7 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>	DUPLICATE (b) <b>Hypertensive Cardiovascular Disease</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>321X</b>

22. I hereby certify that I attended the deceased from **10-31**, 19**50**, to **12-31**, 19**51**, that I last saw the deceased alive on **12-30**, 19**51** and that death occurred at **7:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl Smith</b> (Degree or title)	23b. ADDRESS <b>Humboldt Bldg</b>	23c. DATE SIGNED <b>12-31-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial..</b>	24b. DATE <b>1/2/52.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 2 1952</b>	REGISTRAR'S SIGNATURE <b>Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O. P. J. Falk.  
Hrs: 12:00 - 5:00  
Humboldt Bld'g.  
JE: 1800.

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.

Student Embalmer No. ....

Signed

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.