

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10449

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2457

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			c. CITY OR TOWN <u>MAPLEWOOD</u>		b. COUNTY <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD HOSP.</u>			e. STREET ADDRESS (If rural, give location) <u>3422<sup>A</sup> GREENWOOD BL</u>		
3. NAME OF DECEASED a. (First) (Type or Print) <u>MARY</u>			b. (Middle) <u>FRANCES</u>		c. (Last) <u>BOEHM</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 8, 1956</u>			5. SEX <u>FEMALE</u>		
6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 4, 1887</u>
9. AGE (In years last birthday) <u>69</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>THOMAS GAGAN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE COLLINS</u>
14. NAME OF HUSBAND OR WIFE <u>WILLIAM BOEHM</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		
16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CATHERINE HOWZE (SISTER) 3422 GREENWOOD BL</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Rt. Ventricle</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 Min -</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arrhythmia Fibrillation</u>			? <u>7:10 -</u>		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>433.1</u>		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 4</u> , 19 <u>56</u> , to <u>Mar 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>56</u> , and that death occurred at <u>12:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robert W. ...</u>			23b. ADDRESS <u>2816 ...</u>		23c. DATE SIGNED <u>3/9/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY'S CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SULLIVAN, MISSOURI</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles Smith 14019 Creighton 7146 MANCHESTER AV. ST. LOUIS 17 MO.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 9 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

---

---

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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis J. McPherson*  
Licensed Embalmer No. *1000*  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.