

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 14 1956

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1847</u>			
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eureka</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Eureka</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home Central Ave</u>				e. STREET ADDRESS (If rural, give location) <u>Central Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>BOEMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 9-1880</u>		9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>House Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Michael Boemer</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Seisert</u>		14. NAME OF HUSBAND OR WIFE <u>Adelle Boemer</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence M Boemer</u>				ADDRESS <u>Eureka Mo</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>Obstructive jaundice.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignancy.</u>							
		DUE TO (c) <u>senile cerebral paramoid type</u>						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1999</u>						20. AUTOPSY? YES <input 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)		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>10 Mar 1951</u> , to <u>with in</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/31</u> , 19 <u>56</u> and that death occurred at <u>7:00 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Pacific Mo.</u>				23b. ADDRESS <u>Clarence M. D.</u>		23c. DATE SIGNED <u>8/1/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Martins Cem</u>		24d. LOCATION (City, town, or county) (State) <u>High Ridge - Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-2-56</u>		REGISTRAR'S SIGNATURE <u>Heckel R. Boemer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boemer Funeral Home House Springs Mo</u>					

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.....
John H. Brimmer

Licensed Embalmer No. *1472*

P. O. Address *House Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.