

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32642**

FILED SEP 19 1956

BIRTH NO. **73995-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2000**

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 1 Hour	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital			e. STREET ADDRESS (If rural, give location) 3665 Blaine Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Boehm			4. DATE OF DEATH (Month) (Day) (Year) Aug 23 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 23 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Eugene Boehm		13b. MOTHER'S MAIDEN NAME Lorraine Kacin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Boehm 3665 Blaine Av		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Frematotoxicity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Frematotoxicity of placenta DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 1/2 hrs 48 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 7615		
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 12:30 AM 8/20, 1956 , to 2:15 AM 8/23, 1956 , that I last saw the deceased alive on 8/23, 1956 and that death occurred at 2 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Walter L. Becker (Degree or title)		23b. ADDRESS 5973 Watson Road		23c. DATE SIGNED 8/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/24/56	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County Missouri		
DATE REC'D BY LOCAL REG. 8-24-56	REGISTRAR'S SIGNATURE Rebeck K. Romke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av		

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

NOTES

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *George Foster Sr*

Licensed Embalmer No. _____

P. O. Address _____

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.