S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9887
Primary Registration District No. 3059
Registrar's No. 87

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 307 Jackson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre 91
(If outside city or town limits, write "RURAL")
(d) Street No. 307 Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN HUBERT BOEHLE
3. (b) If veteran, name war V
3. (c) Social Security No. 490-09-1558
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Mary Boehle
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb. (Month) 23 (Day) 1881 (Year)

8. AGE: Years 67 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Mine La Motte (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Mechanic
11. Industry or business St Joseph Lead Co.
12. Name of FATHER Bernard Boehle
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name of MOTHER Catherine Groppoff
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Anna Boehle
(b) Address 307 Jackson Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cemetery
18. (a) Signature of funeral director Benjamin Funeral Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 3-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 12 minute 15A M.
21. I hereby certify that I attended the deceased from Jan. 29, 1948 to 3-4-, 1948 that I last saw him alive on 3-4-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	Few hours
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension, mild Chronic Myocarditis	Few years

Major findings:
Of operations
Of autopsy GBF

"PHYSICIAN" — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. Lane (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 3/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
File Number 348-38
3-29-4

APR 21 1942

... 20 1950

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 Lin Counts, Registered Apprentice No. 95, working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.