

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38542

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *City Hospital*)

Registration District No. **791**
Primary Registration District No. **1093**

File No.
Registered No. **11222**
St. Ward)

2. FULL NAME

Laura von Bodenhausen
(a) Residence. No. *3517 Bell Ave* St., *21* Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edward v. Bodenhausen*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *February 3rd 1863*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 10 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Actress*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Cincinnati*
(STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER *Oscar De Mojean*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mechel*
(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Wilhelmina Dietrich*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Darmstadt*
(STATE OR COUNTRY) *Germany*

14. INFORMANT *Mrs. Olga Gley*
(Address) *3517 Bell Ave*

15. FILED *5 10 1921* *Max G. Starkopf* REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-13-21*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at *7-25 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injury
contusion of Brain
Struck by Auto in City
CONTRIBUTORY (SECONDARY) *of St. Louis Mo.* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH.....
Accident

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? *Yes 1860*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Wm Dwyer* M.D.
14.1921 (Address) *Dep Coroner*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Missouri Crematory* DATE OF BURIAL *Dec. 16-1921*

20. UNDERTAKER *Witt Bros L & Co 2929 So* ADDRESS *Jefferson Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH OBTAINING INFORMATION IS A CRIMINAL OFFENSE

