

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

Do not use this space.

38604

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 4109, Juniate)

File No.

Registered No. 11287

St. Ward)

2. FULL NAME

Charles H. Boardman

(a) Residence. No. St. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Boardman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7th 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 2 | 9

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

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) St. Louis

10. NAME OF FATHER William Boardman

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Prussia

12. MAIDEN NAME OF MOTHER Benjamin Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Prussia

14. INFORMANT Clara Boardman
(Address) 4109 Juniate St

15. FILED DEC 13 1927 max B. Starbuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16-27

17. I HEREBY CERTIFY, That I attended deceased from November 20, 1927, to December 16th, 1927 that I last saw him alive on Dec. 16th, 1927, and that death occurred, on the date stated above, at 3⁰⁰ P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic unobstructed nephritis
131
92A 129W
(duration) Unknown da.

CONTRIBUTORY (SECONDARY) Endocarditis Chronic
(duration) Unknown yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Arnold Pearl, M. D.

12-16, 1927 (Address) 3527 Orage

*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 Calvary DATE OF BURIAL 12-19 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

