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

Do not use this space.

6999

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. St Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 1967

2. FULL NAME Anthony L. Boll

(a) Residence. No. 2821 Lamp Ave St., 23 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20	2	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Post Office

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Joseph H Boll

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Clara Siebtinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

14. INFORMANT Joseph William Boll

(Address) 2821 Lamp Ave

15. FILED FEB 23 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1928, to Feb. 22, 1928 that I last saw h. alive on Feb. 22, 1928, and that death occurred, on the date stated above, at 1:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Suppurative Perforated Appendicitis

1010

250 1170

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Acute dilatation of Heart

(duration) yrs. mos. 6 hrs ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at Home

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Feb. 13, 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Leo P. Young M.D., M. D

Feb 22, 1928 (Address) Hill Bldg. 2604 Gravois

*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: St Peter - Paul Cemetery

DATE OF BURIAL: Feb 25 1928

20. UNDERTAKER: F. H. Sikkenga - Mut Tax

ADDRESS: 2630 Gravois

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.