JUN 4 1928

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

Do not use this space.

14591

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City (No. Fee Fee Rd. St. Ward)

2. FULL NAME Nicholas Boden
(a) Residence. No. Fee Fee Rd. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: 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: Hanna Boden

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer (retired)
(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): Luxemburg Germany

PARENTS
10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Hanna Boden
(Address) Fee Fee Rd.

15. FILED 4-30, 1928 O. V. Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29th 1928.

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1927, to Apr. 29th, 1928 that I last saw him alive on April 29th, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
440
(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. T. Coleman, M. D
4-29, 1928 (Address) Pattonville Mo.

*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: Fee Fee Cemetery
DATE OF BURIAL: 4. 2 1928

20. UNDERTAKER: Geo. L. Pleusch
ADDRESS: 5966 Easton ave

...S.—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.