

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

Do not use this space.

31432

1. PLACE OF DEATH

County St. Louis Registration District No. 757 File No. _____
 Township _____ Primary Registration District No. 3036 Registered No. 143
 City St. Louis (No. St. Josephs Hospital St. _____ Ward _____)

2. FULL NAME

Mary Boehle
 (a) Residence. No. 203 No. 4th St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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 Bernard Boehle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
50 | 0 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Henry Boehle

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

12. MAIDEN NAME OF MOTHER Mary Amyess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

14. INFORMANT Edw. H. Boehle
 (Address) 203 No. 4th St.

15. FILED 9/20 28 By G. Bloebaum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 19 28

17. I HEREBY CERTIFY That I attended deceased from March 6 1928, to Sept 17 1928, and that I last saw her alive on Sept 17-1928, 1928, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericardial Anemia
717580 (duration) yrs. 6 mos. 11 ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED No knowledge
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physiologic Lab exam.
 (Signed) Dr. G. L. Goswin, M. D.

*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 Cemetery DATE OF BURIAL Sept 20 19 28

20. UNDERTAKER H. Hallen ADDRESS Haus 60 St. Louis

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.

