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

Do not use this space.

35554

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis, Mo. (No. 5600, Arsenal St. 24th Ward)

File No.....

Registered No. 10534

2. FULL NAME Arthur Boeldt (Junior)

(a) Residence. No. 1513 Carroll St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 15 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) 12-12-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	10	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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)

PARENTS

10. NAME OF FATHER Arthur Boeldt

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

12. MAIDEN NAME OF MOTHER Josphine Edelkamp

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

14. INFORMANT Arthur Boeldt Father
(Address) 1513 Carroll St.

15. FILED OCT 29, 1928 Max B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-22, 1928, to 10-27, 1928, that I last saw h. alive on 10-27, 1928, and that death occurred, on the date stated above, at 1:35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, Meningococcus
18

(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (SECONDARY) 24

(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1513 Carroll

O. DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H Harrison M. D.

10/27, 1928 (Address) ISOLATION HOSPITAL

*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	DATE OF BURIAL
Washington Mo.	October 31, 28
20. UNDERTAKER	**ADDRESS**
Peetz Brothers - 3029	Lafayette Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.