

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

Do not use this space.

8599

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 4030 N. 23rd St.) St. _____ Ward)

2. FULL NAME John August Boje

(a) Residence. No. 4030 N. 23rd St. 20 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 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 Anna Boje

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/8/1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

10. NAME OF FATHER Unknown Boje.

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

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Mrs Anna Boje
 (Address) 4030 N. 23rd St

15. FILED SEP 10 1929
W. C. Sanders
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/15/29 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1929, to Feb. 15, 1929 that I last saw him alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 6-40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma of Left Kidney
51A

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) None
 (duration) _____ yrs. _____ mos. _____ ds.

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

1 DID AN OPERATION PRECEDE DEATH Yes DATE OF July 1928
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Frank W. Krebs M. D.
Feb 18, 1929 (Address) 3500 N. Grand

*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 Friedens DATE OF BURIAL 2/16/29 19

20. UNDERTAKER Provest Und. Co ADDRESS 3710 N Grand

Exact statement of OCCUPATION is very important.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

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REGISTRAR

