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

Do not use this space. 20675 ~~20773~~

1. PLACE OF DEATH

County ..... Registration District No. 781 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5458

City St. Louis Mo. (No. 5425 So. Kingshighway St. ..... Ward)

2. FULL NAME Francis Luis Boedeker

(a) Residence. No. 5425 So. Kingshighway 14 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 4 - 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	8	29	

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) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Anton Scheine
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Francis Wolf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Elizabeth Cornell
(Address) 5425 So. Kingshighway

15. FILED ..... 19.. [signature] REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929 to June 3, 1930 that I last saw her alive on June 3, 1930, and that death occurred, on the date stated above, at 9.55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Nephritis Parenchymatous Chronic
2. Myocarditis Chronic
130 C 0 9 mo 3 day
92 C
11 B (duration) 2 yrs. 9 mos. 3 days

CONTRIBUTORY (SECONDARY) Influenza
..... (duration) ..... yrs. ..... mos. 7 days

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? yes
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) John O'Connor, M. D.
6/4, 1930 (Address) 5005A 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	DATE OF BURIAL
Calvary Cemetery	6-6 1930

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo. ave.

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.