

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

Do not use this space.

**25398**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 5621, Minnesota) St. .... Ward .....

File No. ....  
Registered No. 7632 St. .... Ward .....

**2. FULL NAME**

Louis Boeke  
(a) Residence. No. .... St. 15 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.

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Antoinette Boeke</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 15 1856</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>2</u>
		DAYS
		<u>13</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired</u> (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 10<sup>th</sup> 1930, to July 28 1930 that I last saw him alive on July 28 1930, and that death occurred, on the date stated above, at 10:40P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Rectum  
Ad D  
162 (duration) 1 yrs. - mos. - ds.

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

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination  
(Signed) V. P. Kozellinger, M. D.  
July 29, 1930 (Address) 3507 Potomac St

\*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.

<u>19</u> PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Paul's Churchyard</u>	DATE OF BURIAL <u>7/31</u> 19 <u>30</u>
<u>20</u> UNDERTAKER <u>Coffmeister &amp; Co</u>	ADDRESS <u>18148 Broadway</u>

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

**PARENTS**

<u>10</u> NAME OF FATHER <u>unknown</u>
<u>11</u> BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)
<u>12</u> MAIDEN NAME OF MOTHER <u>unknown</u>
<u>13</u> BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)

14 INFORMANT Etta Boeke  
(Address) 56 21 Minnesota

15 FILED 30 1930 St. Louis REGISTRAR

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3507 Pot. ...  
Dec 1892  
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