

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.

27 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2763

1. PLACE OF DEATH
County St. Louis Registration District No. 786
Township Central Primary Registration District No. 4469
City Maplewood (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME Henry L. Bostelmann
(a) Residence 5974 Highland 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. 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 Minnie Bostelmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 2 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Civil Engineer 198
(b) General nature of industry, business, or establishment in which employed (or employer) Bell Telephone Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark 24

PARENTS
10. NAME OF FATHER Henry Bostelmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Minnie Bostelmann
(Address) 5974 Highland Ave.

15. FILED 2/2 31 1931 Mercedes Schuster
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Jul 1930, 1930 to Dec. 1930 that I last saw him alive on mo. of Dec. 1930 and that death occurred, on the date stated above, at do not know m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Chronic myocarditis.
93c High blood pressure.
103 Chronic nephritis.
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis, Mo.

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) John O'Connell M.D.
Feb. 2, 1931 (Address) Monroe St. Louis

*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. Mathews Cemetery DATE OF BURIAL Feb. 3 19 31

20. UNDERTAKER Drehmann Herral ADDRESS 1905 Union

