

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

Do not use this space.

26967

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **1919 S. Grand Blvd.**)

File No.

Registered No. **8169**

St. Ward)

2. FULL NAME **Charles Anno Bodenmiller**

(a) Residence, No. **1919 S. Grand** St. **17** Ward. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bodenmiller		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7th, 1859		
7. AGE YEARS 71	MONTHS 7	DAYS 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria		
13. NAME (Unknown) Bodenmiller		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria		
17. INFORMANT Isabel Bodenmiller (ADDRESS) 1919 S. Grand Blvd.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery Calvary DATE July 27th, 1931		
19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Blvd.		
20. FILED JUL 29 1931 Ray Starker Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25th, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **March 10, 1931**, to **July 26, 1931**
I last saw him alive on **July 25 6:30 AM**, 19**31**. Death is said to have occurred on the date stated above, at **1:30 AM**.
The principal cause of death and related causes of importance were as follows:
Cancer of stomach Date of onset
46 B 1919

Other contributory causes of importance:
Chronic nephritis
arteriosclerosis
Starvation

Name of operation..... Date of.....
What test confirmed diagnosis? **autopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **A. Edward Weisbach** M. D.
(Address) **Marina Bldg 206 N. 5th**

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.

