

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

Do not use this space.

3074

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis. (No. 3705-9 McKeon St. _____ Ward)
St. _____ Ward)

2. FULL NAME

Friedolf P. (Boeckling) Boelling
(a) Residence, No. 3705-9 McKeon (Usual place of abode) 167 Ward. (If non-resident, 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 <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>Rose Boelling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fireman</u>	
	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) <u>St. Louis</u>	<u>Missouri</u>	
MOTHER	13. NAME <u>Casper Boeckling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Caroline Arnold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Rose Boelling</u> (ADDRESS) <u>3705-9 McKeon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul's Churchyard</u> DATE <u>Jan 27</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wacker Beldere</u> (ADDRESS) <u>2331 N. Grand</u>		
20. FILED <u>JAN. 25 1932</u> <u>W. C. Starobin</u> Registrar.		

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan. 24, 1932
last saw him alive on Jan. 24, 1932 Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinomatous - Primary in liver Date of onset 4/6/31
4/6/31
3/28/31
1/31

Other contributory causes of importance:
Myocarditis chronic
Splenitis chronic
Chronic retention of bile from carcinomatous
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 ①
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Liver & Byme _____, M. D.
(Signed) _____
(Address) 705 N. Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

