

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

Do not use this space.

6601

1. PLACE OF DEATH

County St. Louis Registration District No. 721 File No. _____
 Township _____ Primary Registration District No. 10033 Registered No. 1675
 City St. Louis (No. 5236 Morganford Rd.) (If nonresident, give city or town and State) _____ Ward _____

2. FULL NAME

Dr. Rudolph H. Boneberger, M.D.
 (a) Residence, No. 5236 Morganford Rd. 15 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 <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>Maria Boneberger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25 1888</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>11</u>
	DAYS <u>25</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>Dentist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>201</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 19 1932</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Henry Boneberger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Henretta? Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Maria Boneberger 5236 Morganford</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Collins 1000 N. Grand</u>		
20. FILED <u>Feb 20 1932</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1932

22. Dr. Boneberger HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:
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Ethyl Ether Poisoning
Whether accidental or intentionally caused could not be ascertained
 Other contributory causes of importance: _____

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? accidental or intentional Date of injury 2/19, 1932
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Ethyl Ether Poisoning
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Rudolph H. Boneberger
 (Address) 5236 Morganford Rd. St. Louis, Mo.
 Registrar W. B. Collins

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.

