

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

Do not use this space.

14210

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 2003
City St. Louis Mo. (No. City Hospital #)

File No.....
Registered No. 3545
St. Ward)

2. FULL NAME

Alice Gobby Boden
(a) Residence, No. 5934 Thekla St. 7 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</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>Thomas Boden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22 1879</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>7</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</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>Illinois</u>		
FATHER	13. NAME <u>John Hantle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Simon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Ray Lund 2833 Jemison Overland Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>4-12</u> 19 <u>52</u>		
19. UNDERTAKER (ADDRESS) <u>Rieshauser Mortuaries 4104 Manchester</u>		
20. FILED <u>PR 20 1952</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9 1952

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of Left Breast with Metastases to Liver	Date of onset
Other contributory causes of importance: <u>50</u> <u>465</u> <u>50</u> <u>7</u>	

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.
no injury

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

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. W. Kerner
(Address) Dep. Co.

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.

THIS IS A PERMANENT RECORD

