

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. City Hospital)

File No.

42078

Registered No.

11202

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

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

Edna Boggs

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

Aug. 29-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

3

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

File Letter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

72

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)

St. Louis

MOTHER FATHER

13. NAME

Frank Boggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

15. MAIDEN NAME

Elizabeth Weyberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York

17. INFORMANT (ADDRESS)

City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE

National Cem. DATE 12-19-32

19. UNDERTAKER (ADDRESS)

H. W. Stock and Co

20. FILED

DEC 22 1932

3 MEDICAL CERTIFICATE OF DEATH

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

Dec. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 2nd 1932 to Dec. 16th 1932

I last saw him alive on Dec. 16th 1932 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:

chronic respiratory with metastases to liver

Date of onset

46A 46B 46C 46D

Other contributory causes of importance:

subacute pyelonephritis

Name of operation

Date of

What test confirmed diagnosis clinical 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. M. Mearns M. D.
City Hospital (Address)

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.

18-10-19