

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

Do not use this space.

21198

4970

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 7003
City St. Louis Mo (No. 2028 Victor St)

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

2. FULL NAME

(a) Residence No. Joseph B. Boever St., 23 Ward.
(Usual place of abode) (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>Mary Boever</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15th 1865</u>		
7. AGE YEARS <u>68 y.</u>	MONTHS <u>3.</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>grocery bis.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Retired 3 years</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Clemens Boever</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Peters</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Jos. J. Boever</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary C.</u> DATE <u>June 9th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. Hebbken & W. Co.</u>		
20. FILED <u>N-7 1933</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1933

2. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to June 6th 1933

I last saw him alive on June 26, 1933 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:
Myelogenous leukemia Date of onset 72A

Other contributory causes of importance: 72A

A Name of operation none Date of.....
What test confirmed diagnosis? clinical 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 E. Lee Shrader, M. D.
(Signed) E. Lee Shrader
(Address) 3720 Washington

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

1650
1
13
10

3720 Washington

REPORT OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE

CONCERNING THE
LANDS BELONGING TO THE
UNITED STATES

IN THE
STATE OF
MONTANA

1898

1898

1898

1898

1898

DEPARTMENT OF THE INTERIOR

GENERAL LAND OFFICE

WASHINGTON, D. C.