

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

Do not use this space.

34795

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 2083
City St. Louis Mo. (No. 818th St. Louis Ave. St. Ward)

File No.....
Registered No. 8965
St. Ward)

2. FULL NAME Fred Boeck

(a) Residence, No. 818th St. Louis Ave. St. 26 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 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 Caroline Boeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 10

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fred Boeck

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Caroline Boeck
818th St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Oct. 17, 1933

19. UNDERTAKER (ADDRESS) H. J. Leidner and Co
1417 N. Market St.

20. FILED Oct 17 1933 J. Boeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Oct 15, 1933. I last saw him alive on Oct 15, 1933 Death is said to have occurred on the date stated above, at 3:40 P. m.

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

92 B
92 Endocarditis
FA Myocarditis late Oct 1/33
112

Date of onset

Other contributory causes of importance:
Asphyxiated 1932

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. D. Zeller, M. D.
(Address) 2505 10 15th

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

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.

NOV 10 1933

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