

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

Do not use this space.

3509

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City No. 7365 Melrose St. _____ Ward _____

2. FULL NAME Anna L. Boeschenstein

(a) Residence, No. 7365 Melrose St. _____ 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 Female 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 Albert E. Boeschenstein
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1875
 7. AGE YEARS 58 MONTHS 9 DAYS 12 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) St. Louis Mo.

FATHER 13. NAME Hy J. Reinhardt

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

MOTHER 15. MAIDEN NAME Louise Marquard

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

17. INFORMANT Albert E. Boeschenstein
 (ADDRESS) 7365 Melrose

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Peter's DATE Jan 23, 1934

19. UNDERTAKER Hy J. Leisner Undert Co.
 (ADDRESS) 11417 St. Marked St

20. FILED Jan 23, 1934 Kena V. Moeller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 20, 1934
 I last saw her alive on Jan 20, 1934 Death is said to have occurred on the date stated above, at 4-9 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis 1-1-34
 Chronic Syphilis ?
 Other contributory cause of importance: 1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clin & Lab 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 _____
 (Signed) Rev. J. Kelly, M. D.
 (Address) _____

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.

FEB 27 1934

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

Handwritten text at the top of the page, possibly a name or date.

V. S. No. 2

N. B. CAUSE