

OCT 22 1935

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

Do not use this space.

29587

1. PLACE OF DEATH

County Jackson Registration District No. 323
Township Jackson Primary Registration District No. 4100
City Ice (No. 310 South Carley) St. _____ Ward _____
File No. _____
Registered No. 3501

2. FULL NAME

(a) Residence, No. 310 South Carley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen Boehm

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935, to _____, 19____
I last saw her alive on Sept. 15, 1935. Death is said to have occurred on the date stated above, at 3 a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1852

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

7. AGE YEARS 83 MONTHS 2 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

Bronchopneumonia Date of onset 9/8/35

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

Other contributory causes of importance:
Widow, who had been injured left hip joint 9/8/35
14

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

Name of operation _____ Date of _____
What test confirmed diagnosis Diagnosed by X-ray

13. NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date (month) 9/6, 1935

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

Where did injury occur? Kansas City, Mo
(Specify city or town, county, and State)

15. MAIDEN NAME Wm. Schnabel

Specify whether injury occurred in industry, if home, or in public place. Home

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

Manner of injury fall

17. INFORMANT (ADDRESS) Mrs. W. J. Vaase
310 South Carley

Nature of injury fracture to hip joint

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Sept 18, 1935

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) John A. Thomas
1115 215

(Signed) _____, M. D.

20. FILED Sept 17, 1935 M. M. Carover
Registrar.

(Address) 309 E. 11th St. St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. Stuyck

Washington, D.C.

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Virginia

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Washington