

Feb 24 1936

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

Do not use this space.

2872

1. PLACE OF DEATH

County St Louis Registration District No. 990
Township Clayton Primary Registration District No. 6033a
City Clayton (No. St Louis County Hospital) St. _____ Ward)

2. FULL NAME

(a) Residence, No. 7615 Marmon Court Maplewood Mo
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernst Boedicker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>6</u>	DAYS <u>14</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	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)	

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

13. NAME
unknown

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

15. MAIDEN NAME
unknown

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

17. INFORMANT Robert E. Bunt
(ADDRESS) 7615 Marmon Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville DATE 1-28 1936

19. UNDERTAKER Jay B. Smith (Funeral Home)
(ADDRESS) 14516 Manchester

20. FILED 1-27 1936 M. J. Signorelli
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-25-36, 1936, to 1-26-36, 1936.

I last saw her alive on 1-26-36, 1936. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Multiple subarachnoid hemorrhage left hemisphere (acute)
Date of onset

Other contributory causes of importance:
hypostatic pneumonia, lobar

Name of operation _____ Date of _____
What confirmed diagnosis? _____ 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 _____, 1936.

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? _____

25. I specify Wm E. Moore M.D. (Signed) _____, M. D.

(Address) St Louis County Hosp Clayton Mo

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.

