

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.

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

Do not use this space.

FEB 11 1936

3028

1. PLACE OF DEATH

County..... Registration District No. 91  
Township..... Primary Registration District No. 1003  
City St. Louis (No. Deaconess) Trapp St. Clayton Ward CR #3

2. FULL NAME

(a) Residence, No. Ballou Rd St. NR Ward. Clayton CR #3  
(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 7 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Boelt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1888  
7. AGE YEARS 54 MONTHS 7 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Huf  
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) Texas

MOTHER FATHER 13. NAME Hy. N. Flato

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

15. MAIDEN NAME Annie Yaeger

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

17. INFORMANT Adolph Boelt  
(ADDRESS) Clayton RR #3 - 90469-3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 1-8-1936

19. UNDERTAKER Louis N. Popp  
(ADDRESS) Kirkwood Mo.

20. FILED JAN -7 1936  
J. T. Predeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1936

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1935 to Jan 6 1936  
I last saw him alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 10:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Decedent aged 54 Date of onset 1-2-36  
Pelvic peritonitis  
General peritonitis  
Organism not cultured

Other contributory causes of importance: 129

Name of operation Aldridge Date of operation Jan 3, 1936  
What test confirmed diagnosis? Smears 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....., 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) J. H. W. Clark M. D.  
(Address) 824 Hamilton Ave  
St. Louis

