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.

MAR 25 1936

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

Do not use this space.
7532

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033
City ..... (No. ....., Lansing Ave. St. ..... Ward)

File No. .....
Registered No. 56

2. FULL NAME John N Boden

(a) Residence (Usual place of abode) No. Lansing Ave. St., ... 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma M. Boden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1921
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saule Luxemburg

FATHER
13. NAME William Boden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary ——
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Thomas A. Boden
(ADDRESS) 6400 Lenox Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feby 17, 1936

19. UNDERTAKER Shepard Funeral Home
(ADDRESS) 7167 Hamilton Ave

20. FILED 2-15-, 1936 A. L. Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1936, to Feb. 14th, 1936

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:55 P. m.

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

	Date of onset
Cerebral Hemorrhage	2-14-36

Other contributory causes of importance:

Arteriosclerosis	2-1-31

General senile condition with general arteriosclerosis, OVER

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) H. G. Coleman, M. D.
(Address) Pattonville, Mo.

Oh Hell Boden 2-15

Dr. Boehner

Has been taken care of by Dr. Coleman
occasionally since 2/1/1931