

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

Do not use this space.

JUL 21 1936

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1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. St. Francis Hotel) St. _____ Ward _____

File No. _____
Registered No. 922

2. FULL NAME

~~Oscar Bodenhausen~~ **Oscar Sherman Bodenhausen**
(a) Residence, No. St. Francis Hotel St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods.
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

13. NAME August W. Bodenhausen

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

15. MAIDEN NAME Catherine Koch

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

17. INFORMANT Wm. A. Bodenhausen (ADDRESS) 2521 Ellis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE July 18, 1936

19. UNDERTAKER (ADDRESS) Walter Meininger 1302 Farson St. St. Joseph, Mo.

20. FILED July 14, 1936 W. J. Nestor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1936, to July 12, 1936.
I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 2.30 m. P.M.

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

Intestinal Flu 118
Date of onset _____

Other contributory causes of importance: _____

Names of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____ (Signed) W. J. Nestor M. D. (Address) Logan Bldg. St. Joseph, Mo.

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.

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