

AUG 28 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... St. Louis (No. St. Anthony Hospital) St. .... Ward.....

28524

File No. ....  
Registered No. **7289**2. FULL NAME Bro. Apollinaris Boehle O. F. M.(a) Residence, No. 3140 Meramec St. St., 15 Ward.  
(Usual place of abode)

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. (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) Sept. 5, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 10 8

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reisenbach Frieberg, Germany.13. NAME John Boehle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.15. MAIDEN NAME Mary Noe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.17. INFORMANT Rev. Sebastian Krampel O. F. M.  
(ADDRESS) 3140 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter & Paul Cem. DATE July 16, 193619. UNDERTAKER J. H. Gellman L. & Co.  
(ADDRESS) 2842 Meramec St.20. FILLED J. Bredeck REGISTRAR.  
JUL 15 1936

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

I HEREBY CERTIFY that I attended deceased from

June 23, 1936 to July 13, 1936I last saw him alive on July 7, 1936 Death is saidto have occurred on the date stated above, at 9:10 P. M.

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

Chronic myocarditis (Date of onset)51D

Other contributory causes of importance:

Anemia of left testicle,removal of S. testicle,microscope June 14, 1936

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.

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph L. Jones, M. D.(Address) 4209 W. 9th St.

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