Mis sent to City

FEB 23 1937

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

Do not use this space.

47223

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City ~~St. Louis, Mo.~~ Gardenville
Registration District No. 1123 ~~1003~~ ~~701~~
Primary Registration District No. 6348 G
(No. ~~St. Louis, Mo.~~ 4744 Hanover Ave. St. Ward)
File No.
Registered No. 501

2. FULL NAME Theodore J. Boese
(a) Residence, No. 4744 Hanover St., N.R. Ward. Gardenville 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13, 1881

7. AGE: YEARS 55 | MONTHS 6 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright
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): Missouri

FATHER
13. NAME: Henry Boese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not knwon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Elmer Boese, 4744 Hanover

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE 12/28/36, 19

19. UNDERTAKER (ADDRESS): John L. Ziegenhein & Sons, 7027 Gravois Avenue

20. FILED Jan 17 1937, 19 J. Bredeck, G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 25, 1936
I last saw him alive on Dec 25, 1936 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
General arteriosclerosis	

Name of operation ..... Date of .....
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? No
If so, specify
(Signed) William O. Winter, M.D.
(Address) 3325 S. Grand Blvd

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.

20M-2-19-36 I X7294