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 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3622 Fillmore St. ..... Ward)

File No. 3775

Registered No. 811

2. FULL NAME Rose Boelling

(a) Residence, No. 3622 Fillmore St., 1 Ward. 1 (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Friedolf G. Boelling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1st. 1876.

7. AGE: YEARS 60 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26 2

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): Germany 10

FATHER

13. NAME: Gutlib Scheurenbrand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Lenore Sterling 3622 Fillmore St.

18. BURIAL, CREMATION, OR REMOVAL: St. Paul
PLACE Churchyard DATE Jan. 19- 1937

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED JAN 19 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct-1/36, 19..., to 1/16/37, 19...
I last saw her alive on 1/15/37, 19... Death is said to have occurred on the date stated above, at 10.10 m A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver 46B
Primary seat in stomach

Date of onset

Other contributory causes of importance:

Carcinoma of stomach, operated 1½ year ago

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? .....
If so, specify .....
(Signed) Chas. Hugh Vernon, M. D.
(Address) Humboldt Bldg