

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Registration District No. 489 File No. 17548
Township Central Primary Registration District No. 6033 Registered No. 106
City (No. St. Vincent Sanitaunder Ward)

2. FULL NAME ANNA BOEDEFELD
(a) Residence, No. 714 Bitter St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 55 5 21

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

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) Paris, Texas Mo.

13. NAME FRANK MACKENBERG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME FRANCIS JUST

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Henry Boedefeld
(ADDRESS) 714 Bitter St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walwyn Cem. DATE April 9 1937

19. UNDERTAKER Dietrich F. Homan
(ADDRESS) 8319 Halle St. Bn

20. FILED 4-7- 19 37 H. B. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to April 6, 1937

I last saw him alive on April 6, 1937. Death is said to have occurred on the date stated above, at 12³⁰ A. M.

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

Acute Myocarditis with dilatation Date of onset

Other contributory causes of importance: Involutional Melancholia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Wm E. Moore M.D., M. D.

(Address) 7301 Natural Bridge Rd

St. Marys, Mo.

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.

