

CT 19 1938

NOV 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis / Pine Crest Home
Township Ballwin / Pine Crest Home
City Ballwin (No. 250) / Pine Crest Home

36725

File No. 1699
Registered No. 1699 St. Ward

2. FULL NAME Daniel W. Bomker

(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1938 to Oct. 18, 1938
I last saw him alive on Oct. 18, 1938 Death is said to have occurred on the date stated above, at 2:18 P.M.

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

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
chronic nephritis
chronic cystitis

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
about 73 - - -

Other contributory causes of importance:
Arteriosclerosis
Paralysis Agitans

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

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

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Elba Bopp, supt Pine Crest Home

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 10-17-38

19. UNDERTAKER W. R. Ruppert, 3800 Rutledge (ADDRESS)

20. FILED OCT 19 1938 J. R. Meyer, M.D., Registrar

Name of operation none Date of

What test confirmed diagnosis? Physical 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? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Loring, M. D.
(Address) Ballwin, 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.

