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

Do not use this space.

10788

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 2608

2. FULL NAME Max M. Bodenheimer

(a) Residence. No. 329 Belt St., 12 Ward. (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: Male
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: Ida Lehman Bodenheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 23-1852

7. AGE: Years 76 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: General Merchandise
(b) General nature of industry, business, or establishment in which employed (or employer): Broker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Isaac Bodenheimer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sarah Schaeff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Leon M. Bodenheimer
(Address) New York City

15. FILED 3-8 1928 19 Max C. Starkoff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 8 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 8, 1928, that I last saw him alive on March 8, 1928, and that death occurred, on the date stated above, at March 8 7/12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar
11A Influenza & Pneumonia
10B
131 ..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 11A

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ernst Jonas, M. D.

March 8, 1928 (Address) Lisbon Building

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Sinai Cemetery
DATE OF BURIAL: Mar. 9 1928

20. UNDERTAKER: H. Rindskoff
ADDRESS: 526 Delmar

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.