

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

Do not use this space.

0 28099

1. PLACE OF DEATH

County..... Registration District No. 2007
 Township..... Primary Registration District No. 2007
 City St. Louis Mo. (No. , Sanitarians St. Ward)

2. FULL NAME

William Bobeman
 (a) Residence, No. 206 So. 16th St., 13 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Bobeman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5, 1892</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor 92</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union City, Tennessee</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Bernard T. Koon</u> <u>5300 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barracks</u> DATE <u>Sept. 3, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Hughes</u> <u>2260 Locust</u>		
20. FILED <u>SEP - 2 1932</u> <u>W. C. Starker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1932 to August 31, 1932.
 I last saw him alive on August 31, 1932. Death is said to have occurred on the date stated above, at 7:20am.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset
8/28/32

Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis? clinical 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?..... (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) Bernard T. Koon, M. D.
 (Address) 5300 Arsenal St.

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.

