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

Do not use this space.

41375

1. PLACE OF DEATH
County: St. Louis — Registration District No. 1170 — File No.
Township: — Primary Registration District No. 6248 H — Registered No. 243
City: (No. New St. Marys Hospital St. Ward)

2. FULL NAME: Gerald Boedges
(a) Residence. No. 2700 Osage St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF DATH (MONTH, DAY AND YEAR): Nov. 14-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John H. Boedges
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Marie Schlentker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ill.

14. INFORMANT: J. H. Boedges
(Address): 2700 Osage St.

15. FILED: 12/6, 1933 Gertrude Porter.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-6 1933

17. I HEREBY CERTIFY, That I attended deceased from 11-14-33, 1933, to 12-6, 1933, that I last saw h. alive on 12-5-33, 1933, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Unbreathed poliomyelitis media
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY): Bilat. cp. Cleft palate
Congen. hydrocephalus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St. Marys Hosp.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-18-33
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) P. G. Dai, M. D
, 19 (Address) St Marys Hosp.

*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: St Peter Paul Cem. — DATE OF BURIAL: Dec. 7 1933

20. UNDERTAKER: J. H. Gebken & Co. 26 — ADDRESS: 30 Gravois

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 important.

THIS IS A PERMANENT RECORD