

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

Do not use this space.

MAR 25 1935

7357

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo

(No. 600 S. Kingshighway Barnes Hospital)

File No.

Registered No. 1787

St. Ward)

2. FULL NAME Joseph H. Boerding

(a) Residence, No. St. N.R. Ward. St. Charles Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Eda Jean Boerding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. Charles Mo

13. NAME Bernard Boerding

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

15. MAIDEN NAME Mary Reihling

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

17. INFORMANT (ADDRESS) Mrs. Joe Boerding
St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo DATE July 25 1935

19. UNDERTAKER (ADDRESS) H. DeLooney & Sons
800 W. 2nd St. St. Louis Mo

20. FILED FEB 23 1935 J. G. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-18-1935 to 2-21-1935

I last saw him alive on 2-18-1935. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Myelo-malacia, due to arteriosclerosis

Other contributory causes of importance: Arteriosclerosis, general.

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy. 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) C. Allen Good, Jr., M. D.

(Address) Barnes Hospital

Date of onset 2-12-35

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.

