

DEC 12 1938

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

37318
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Christian Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9645**

2. PRINT FULL NAME **16.3 Infant Boberschmidt**

(a) Residence, No. **2217 Angelica Street** St. **9**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1938		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, 6 hrs. or 2 min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None	
	9. Industry or business in which work was done, as 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. Louis Missouri		
FATHER	13. NAME Lawrence Boberschmidt	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri	
MOTHER	15. MAIDEN NAME Clara Pini	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mark Illinois	
17. INFANT (ADDRESS) Lawrence Boberschmidt 2217 Angelica Street		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 7, 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 6, 1938** to **Nov 6, 1938**

I last saw h. **alive on Nov 6, 1938** Death is said to have occurred on the date stated above, at **7:00 a.m.**

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

Emphysema of lungs

Other contributory causes of importance:

Probable heart

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

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury **Nov 6, 1938**

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) **J. D. Piller** M. D.

(Address) **2505 N. Plummer**

19. FUNERAL DIRECTOR (NAME) **Math Hermann & Son**
(ADDRESS) **2161 E. Fair Avenue**

20. FILED **NOV 7 1938**
J. T. Bredek Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

William J. Buchko

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.