

1938 DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37901  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1008  
(b) Township..... Primary Registration District No. 10228  
(c) City or Town..... St. Louis, Mo. (d) Street No. Deaconess Hospital  
(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. moa. da.

2. PRINT FULL NAME <sup>452</sup> H. William Boehling,

(a) Residence, No. 5251 Nottingham Ave. St. 14 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Roehling,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st, 1850		
7. AGE YEARS 88	MONTHS 7	DAYS 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. Cabinet Maker		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
13. NAME Not known		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Not known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938 to Nov 24, 1938  
I last saw him alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Bladder Primary  
Pyelonephritis noncalculous  
Date of onset

Other contributory causes of importance:  
myocarditis chronic

Name of operation none Date of

What test confirmed diagnosis? Cystoscopy 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? Not  
If so, specify  
(Signed) J. P. Debeck, M. D.  
(Address) Univ. Club, St. Louis, Mo.

17. INFORMANT (ADDRESS) Miss. Lena Roehling, 5251 Nottingham Ave.,  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Nov. 26th 38  
19. FUNERAL DIRECTOR (NAME) Henry Leidner Und. Co. (ADDRESS) 1417 N. Market Street.  
20. J. P. Debeck Local Registrar

NOV 25 1938

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

452

*Altheide*

*Memorandum Check Book*

**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..... *John P. Bushkoff*.....

Licensed Embalmer No. *16740*

P. O. Address *2223 St. Louis A*

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37901  
Do not use this space.

1. PLACE OF DEATH St. Louis City

(a) County.....St. Louis Registration District No. 791  
 (b) Township..... Primary Registration District No. 1083 Registered No. 1092-3  
 (c) City..... (d) Street No. 1092-3  
 (If death occurred in Hospital or institution, give 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.

2. PRINT FULL NAME Henry Wm Roehling

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS 88 MONTHS 7 DAYS 23 If LESS than 1 yr. \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1938

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I first saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_, 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) J. P. Altheide, M. D.  
 (Address) Union Club St. Louis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3/24/39 J. P. Altheide Local Registrar.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY CORRECT BY LAW.

