

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003801
Do not use this space.

801

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis, Mo. (d) Street No. 5351 Delmar Blvd. 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 5 yrs. 5 mos. 19 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME

432 Mrs. Klara Boltz
 (a) Residence, No. 5351 Delmar Blvd. St. 12 (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 Female 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 Max E. Boltz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1870

7. AGE YEARS 68 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bromberg, Germany
 (STATE OR COUNTRY)

13. NAME Wilhelm Ewald,

14. BIRTHPLACE (CITY OR TOWN) Pommern Stajer, Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Emelia Bromund

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

17. INFORMANT Wenigath Baalen
 (ADDRESS) 5351 Delmar Blvd. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove. DATE Jan. 26, 1939

19. FUNERAL DIRECTOR Wagoner Und. Co.,
 (ADDRESS) 3621 Olive St.

20. FILED JAN 25 1939 J. D. Budick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1933, to January 23, 1939

I last saw her alive on January 23, 1939. Death is said to have occurred on the date stated above, at 5.17 P. M.

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

Acute myocarditis, caused by Psoas abscess Date of onset 3 days
Psoas abscess 2 mos.

Other contributory causes of importance:

Name of operation Exploratory, Abdominal Date of operation 1/17/39
 What test confirmed diagnosis? Phy. Ex. 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 None
 (Signed) John Cannon, M. D.
 (Address) 508 N. Grand St.

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed Neville B. Frohwitter
Licensed Embalmer No. 3696

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.)