

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16639
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. LouisRegistration District No. 791Primary Registration District No. 1008(d) Street No. City Hospital No. 1 St. 500

(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.

D. 2091

2. PRINT FULL NAME

Ida Bohan(a) Residence, No. 926 a Russell St. 23 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bohan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 18967. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 1 258. 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. hwk
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, MissouriFATHER 13. NAME Emil Welschlager 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0MOTHER 15. MAIDEN NAME Mary Katsinger 016. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE May 19, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Weick Bros. 2201 So. Grand Blvd.20. FILED 19 38 J. D. Buddeck Local Registrar

MAY 17 1938

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/38, 1922. I HEREBY CERTIFY That I attended deceased from 5/13/38 to 5/15/38, 19.....
I last saw her 5/15/38 alive on....., 19..... Death is said to have occurred on the date stated above, at..... P.m.

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

Auricular Fibrillation
Cerebral Embolism

Date of onset

Other contributory causes of importance:

Broncho-pneumonia

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

What test confirmed diagnosis?..... 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?.....

If so, specify E. H. Trawbridge Jr., M. D.(Signed) E. H. Trawbridge Jr., M. D.(Address) City Hospital No. 1

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, _____

Nancy A. Stewart, or by _____

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

Signed *Nancy A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *412 Duchong*

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.