

NOV 16 1938

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

Do not use this space.

33881

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **1003**
Primary Registration District No. **1917 South 8th**

File No. **8867**
Registered No.
St. Ward)

2. FULL NAME **560 Caroline Bohmeyer**

(a) Residence, No. **1917 South 8th** St., **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/10** 19**38**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

22. I HEREBY CERTIFY, That I attended deceased from **9/24** 19**35** to **10/10** 19**38**
I last saw him alive on **10/9** 19**38**. Death is said to have occurred on the date stated above, at **6:30 A. M.**
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 24, 1861**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 16

Leucemia
Date of onset **10/1/38**
Other contributory causes of importance:
Chronic leukemia, splenitis, Cholelithiasis

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
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**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME **Henry Bohammer**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hanover, Germany**

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.

MOTHER 15. MAIDEN NAME **Mary Schroeder**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hanover, Germany**

17. INFORMANT (ADDRESS) **Elizabeth Bohmeyer 1917 South 8th Street**

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** DATE **October 12, 1938**

24. Was disease or injury in any way related to occupation of deceased? **1**
If so, specify.....
(Signed) **J. Schindler** M. D.
(Address) **2500 N. 9th**

19. UNDERTAKER (ADDRESS) **Wm. J. Robert 2905 So. Grand Blvd.**

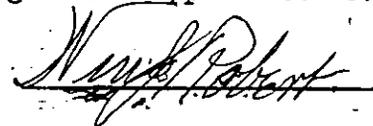
20. FILED **OCT 11 1938** **J. J. Brebeck** Registrar.

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, _____ Licensed Embalmer No. _____
hereby certify that the body recorded on reverse side was embalmed by
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 502