

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.

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

3912
 Do not use this space.

1. PLACE OF DEATH St. Louis
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 200
 (c) City Clayton Street No. 8106 Monroe Street Vinita Terrace 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.

2. PRINT FULL NAME Mary A. Bohn,
 (a) Residence, No. 8106 Monroe Street St.
 (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 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 Theo. W.C. Bohn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18th, 1868
 7. AGE YEARS 70 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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, Mo.
 FATHER
 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 MOTHER
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mr. Elmer T. Bohn
8106 Monroe Street.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Jan. 18th
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und.
1417 N. Market Street.

20. FILED JAN 16 1939 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1939 19
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9PM.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Other contributory causes of importance: 93C
 Name of operation _____ Date of _____
 What test confirmed diagnosis history 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 _____
John S. Small M. D.
 Coroner of St. Louis County, Mo.

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. Buchholz

Licensed Embalmer No. *16740*

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

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.