

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37082

State File No.

9355

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Union Electric Co Ashley Ave Plant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME **Jack Alexander Bohannan**

8. (b) If veteran, name war **no** 3. (c) Social Security No. **494-07-4345**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 5 1917**
(Month) (Day) (Year)

8. AGE: Years **23** Months **8** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance mechanic**

11. Industry or business **Union Electric Co.**

12. Name **Jack Bohannan**

13. Birthplace **Georgia**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Alexander**

15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Laura Bohannan**

(b) Address **5837 Victoria**

17. (a) **Burial** (b) Date thereof **11/15/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **EFFINGHAM ILL.**

18. (a) Signature of funeral director **E. J. Schnur**

(b) Address **E. J. Schnur 3125 Lafayette**

19. (a) **NOV 14 1940** (b) **J. H. Bradlock**
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** 4
(If outside city or town limits, write "RURAL")
(d) Street No. **5837 Victoria St**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12** year **1940** hour **4** minute **30 p.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Head Severed** Duration _____
Suffered when struck by
Weight of Elevator in Plant
at foot of Biddle Street
at Union Electric Company
about 4:30 pm Nov. 12, 1940

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Nov 12, 1940**

(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
While at work? **yes** (Specify type of place) (a) Means of injury **Struck by Weight**

23. Signature **Walter G. Perry** (M. D. or other)

Address **1001 Coronado** Date signed **11/14/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Jose B. Vollermer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.