

STANDARD CERTIFICATE OF DEATH
791 1003

State File No. _____

Registrar's No. 9882

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Margaret Bohan

8. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased March 21, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>9</u>	hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Dennis Hagerty

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Woods

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anton Zeller

(b) Address 2724 Wyandotte St.

17. (a) Burial (b) Date thereof 12/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Brothers Undertaking

(b) Address 2201 S. Grand Bl.

19. (a) DEC 2 1940 (b) J. H. Budeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2223 Chippewa St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30,
 year 1940 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from November 24, 1940 to November 30, 1940;
 that I last saw her alive on November 30, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

taking _____
(Specify type of place) While at work? (c) Means of injury

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 12/2/40

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

MOTHER FATHER

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

Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

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.