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123159

EV MAR 25 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5955 Wanda Ave.
(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 Louise Dafferner Bohley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adam Bohley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 18th 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown Miller

13. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Leitthausner

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

16. (a) Informant Edwin Dafferner

(b) Address 5974 Wanda Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-1-41
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 28 1941 (Date received local registrar)

(b) J. T. Bredtch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 / 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5955 Wanda Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1941 hour 2:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb. 1941, to Feb. 1941;
that I last saw her alive on 2-25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of chest (Pleura) Duration 1 year

Due to Metastasis from left breast

Due to hypertension Diabetes mellitus

Other conditions hypertension Diabetes mellitus
(Include pregnancy within 6 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) _____

(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury D

23. Signature Vincent O. Smith (M. D. or other)
Address 634 W. Grand St. Louis Date signed 2-27-41

No. *Sheare* *B/dg.* *1-3*
5588

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.....

Reinhold K. Lohman

Licensed Embalmer No.....

3395

P. O. Address.....

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, fact should be so stated above.