

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 18 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41842  
Registrar's No. 2817

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 326 W. Rose Hill Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
year 1942 hour 5:20 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec. 31, 1942, to Dec. 31, 1942,  
that I last saw her alive on Dec. 31, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured esophageal varix with hemorrhage into gastric-intestinal tract. Duration 5 hours

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1000  
Of operations \_\_\_\_\_  
Of autopsy: Ruptured esophageal varix  
Liver cirrhosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: Robert A. Hall (M. D. or other) M.D.  
Address: St. Louis County Hosp. Date signed: 1-1-43

3. (a) PRINT FULL NAME Beatrice Bohrer,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William C. Bohrer 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 2 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 2 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation H. W.

11. Industry or business \_\_\_\_\_

12. Name Wm. Guyer

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

14. Maiden name Sarah Moore

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

16. (a) Informant Wm. C. Bohrer

(b) Address 326 W. Rose Hill, Kirkwood  
Burial (c) Date thereof 1/1/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) JAN 2 - 1943 (b) H. McFarson  
(Date received local registrar) (Registrar's signature)

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

76  
32

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**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 M. Meyer*

Licensed Embalmer No.

*3788*

P. O. Address

*Kirkwood, Mo.*

**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.**