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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

Registration District No. 3149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43635 / 2

Registrar's No. 2829

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
361 Goetz Avenue
(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: 96

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 361 Goetz Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WALLACE C. BOHLEN

3. (b) If veteran, name war ------

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pauline Bohlen

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January (Month) 15 (Day) 1881 (Year)

8. AGE: Years 62 Months 11 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Christian Bohlen
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Pauline Bohlen --wife
(b) Address 361 Goetz Avenue, Lemay, Mo.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 12-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) DEC 20 1943 (Date received local registrar) (b) E. D. Mia Gavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day December year 1943 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 1, 1943, to Dec 17, 1943 that I last saw her alive on Dec 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	2 days
Due to	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83 a.d.	

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

23. Signature A. W. Pitkin (M. D. or other)

Address 4145 S Grand Date signed 12/17/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 78/A So. Broadway

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.