No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 89

FILED FEB 11 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1158

**1. PLACE OF DEATH:**

(a) County: Saint Louis Missouri.

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

(c) Name of hospital or institution: 4381 Chouteau Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

**2. USUAL RESIDENCE OF DECEASED:** 000 17 9 18

(a) State: Missouri. (b) County:

(c) City or town: Saint Louis, (If outside city or town limits, write "RURAL")

(d) Street No.: 4381 Chouteau Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Marie Bohn.

3. (b) If veteran, name war:

3. (c) Social Security No.: None.

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

6. (b) Name of husband or wife: Richard Bohn.

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

7. Birth date of deceased: August (Month) 30th, (Day) 1865. (Year)

8. AGE: Years 75 Months 5 Days 3 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Unknown

FATHER 13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Margarethe Hodecker

(b) Address: 4366 Neosho Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 5, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation: St. Pauls Churchyard.

18. (a) Signature of funeral director: Siegenheir Bros.

(b) Address: 6409 Gravois Ave.

19. (a) FEB 5 1944 (Date received local registrar) J. F. Bruecken (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 3rd, year 1944. hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 16 1944, 19 to Feb 3 1944; that I last saw h. alive on Feb 1 44; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Colon — Duration 2 yrs

Due to: "

Due to: "

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

Major findings: Of operations: Same

Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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: E. C. Keyes M.D. (M. D. or other)

Address: 4952 Maryland Date signed: 2-3-44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed V. C. Marius

Licensed Embalmer No. 3360

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.**