S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 4902

Registration District No. 318 Primary Registration District No.

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran 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 Missouri (b) County 000 17

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 3858a Cleveland
(If rural, give location)

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

3. (a) PRINT FULL NAME Jean M. Bohnenkamp

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Whtie

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

6. (b) Name of husband or wife Thomas Bohenkamp

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April 7, 1913 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	10	26	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Hart
13. Birthplace (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Flora Friese
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Thomas Bohnenkamp
(b) Address 3858a Cleveland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director WeickBros.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9-29-41 19 to 3-3-44 19 ; that I last saw her alive on 3/3/44 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis — Duration: Childhood
Hypostatic Pneumonia — 2 days
Acute myocardial Failure — 24 hours
Due to Rheumatic Fever — Childhood
Due to
Other conditions Pick's Disease — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92
Of autopsy As above

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 Walter H. Hoefer (M. D. or other) MD
Address 2602 S. Grand Date signed 3/8/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Hofer Geo Schmidt

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 Harry 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.