

FILED APR 14 1944

Registration District No. 578

Primary Registration District No. 306-6075

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Mo. State Hospital No. 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mos. 20 das.
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5822 Victoria
(If rural, give location)

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

3. (a) PRINT FULL NAME OTILIA (OTILLIE) BOHLEM

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 8 minute 30 A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Jacob Bohlem

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

7. Birth date of deceased October 4 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3, 1943 19 to March 23, 1944 19
that I last saw him/her alive on March 23, 1944 19
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death
Arteriosclerosis Generalized + strokes Duration 2 yrs.

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

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions Smile Psychosis 1 yr.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Theodore Heffter

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

14. Maiden name Augusta Paesler

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

Major findings:
Of operations 99

Of autopsy _____

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem. Farmington, Mo.

18. (a) Signature of funeral director Bert J. Miller

(b) Address Farmington, Mo.

19. (a) 4-3-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Farmington, Mo. Date signed 3/30/44

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

94
0
0

1373

RECEIVED

Public Health Officer No. 4
District File Number 444-376
Date Filed 4-12-44

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Beal J. Miller*

Licensed Embalmer No. 3753

P. O. Address Farmington, 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.