

FILED OCT 20 1944

Registration District No. _____

Primary Registration District No. **1003**

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: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **10906 Riverview Dr.**
(If rural, give location) **NR.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Jacob F. Bohlem**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Oct.** day **8th**
year **1944** hour **9:40 PM** minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. (b) Name of husband or wife **Frances J. Bohlem nee Schmitt** 8. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **August 25, 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 1941, to **Oct 8th** 1944
that I last saw him alive on **Oct 8th** 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 **1** **13** _____ hr. _____ min.

Immediate cause of death **Myocarditis (Chr.)** Duration **3 days**
CCVD. Mitral regurg. & stenosis.
Due to **Recent Infarcts, Kidneys** **Older new**

9. Birthplace **Little Rock Ark.**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Frank Bohlem**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Fink**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy **Autopsy in domicile with 4 new infarcts mentioned & valvular heart disease**

16. (a) Informant **Frances J. Bohlem**
(b) Address **10906 Riverview Dr.**
17. (a) **Burial** (b) Date thereof **10/12/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2061 East Fair Ave**
19. (a) **OCT 10 1944** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Harry G. Bistow** (M. D. or other) _____
Address **Missouri, Thatch Bldg** Date signed **Oct 10th**

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

no 179

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 *J. Seeston W. Daulton*
Licensed Embalmer No. *4379*
P. O. Address *St. Louis, 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.