

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 416

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... S t. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S t. Louis Childrens
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 0 (Specify whether
In this community..... 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Cairo
(c) City or town..... Breda
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lawrence James Bohnenkamp
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14,
year 1945 hour 12:58 minute A. M.
21. I hereby certify that I attended the deceased from 12-26-44, 1944, to 1-14-45, 1945;
that I last saw him alive on 1-14-45, 1945,
and that death occurred on the date and hour stated above.

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death..... Duration
Romacic Stomach - op. on & Episid
B. coli Erysipela
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

7. Birth date of deceased.....
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
5 19 ..hr. ..min.

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

9. Birthplace.....
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name Lawrence W. Bohnenkamp
13. Birthplace Breda Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Glenn
15. Birthplace Marengo Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Margaret Bohnenkamp
(b) Address Breda, Iowa
17. (a) Removal (b) Date thereof 1-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Iowa City, Iowa
18. (a) Signature of funeral director A lbert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) 1-13-45 (b) J. P. Bruesch
(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?
(Specify type of place)
While at work? (Specify means of injury).....
23. Signature Gilbert B. Forth (M. D. or other)
Address 500 So King highway Date signed.....

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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 *Albert G. Hays*.....

Licensed Embalmer No. *2971*.....

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.