

FILED MAR 20 1946
Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mississippi River 3
(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)

3. (a) PRINT FULL NAME **Charles Bochnicek**
3. (b) If veteran, name was **World War #1** 3. (c) Social Security No. **493-10-4993**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 23 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 4 10 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Brewery worker**

11. Industry or business **Frank Bochnicek**
12. Name **St. Louis Mo.**
13. Birthplace **Katie Petran**
(City, town, or county) (State or foreign country)
14. Maiden name **Bohemia**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Bochnicek**
(b) Address **557 Eiler**
17. (a) Burial (b) Date thereof **3/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Natl. Cem. Jeff. Barr. Mo.**

18. (a) Signature of funeral director **Jos. P. Fendler Jr.**
(b) Address **7128 Michigan Ave.**

19. (a) **MAR 6 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6916 S. Grand**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **3**
year **1946** hour **12.30** minute **25 P.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation due to drowning when he was found in the Mississippi River at the foot of 1st Street on March 3, 1946 about 12:25 P.M.**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1644**
Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Lunatic**
(b) Date of occurrence **March 3, 1946**
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury **Bohemia**
23. Signature **Alfred J. Perry** (M.D. or other) **2**
Address **Deputy Coroner** Date signed **3-6-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9829

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.....

George N. Archambault.....

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.