S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30855 8369

FILED OCT 9 1948

Registration District No. 318 Primary Registration District No. 100 Registrar's No.

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

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: 705 Olive St
(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 St. Louis, 96
(c) City or town Richmond Heights. 0
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1731 Boneta
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RALPH W. BOHN.

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alice Bohn.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 25 (Day) 1893 (Year)

8. AGE: Years 54 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Clerk;

11. Industry or business American Car & Foundry Co.

FATHER
12. Name William F. Bohn. 9
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Nellie Frisbee. 9
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Alice Bohn.
(b) Address 1731 Boneta,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) SEP 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 24 day 1948
year hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1948 to Sept 24, 1948
that I last saw him alive on Sept 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	20 minutes
Due to: Coronary disease	2 years
Due to: Arteriosclerosis	4 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 M. E. Jones (M. D. or other)
Address 4500 Olive St Date signed Sept 24 1948

(Licensed Embalmer's Statement on Reverse Side)

4500 Olive St
PO-2866
2-4-30

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 Clarence H. Murray

Licensed Embalmer No. 4211

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.