

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6963**
Registrar's No. **368**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

96000

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 368			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) Koch (rural)		c. LENGTH OF STAY (In this place) 285		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				d. STREET ADDRESS (If rural, give location) 4651 Kennerly					
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) F.		c. (Last) Bohanan		4. DATE OF DEATH (Month) (Day) (Year) 2-15-49			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH 3-23-18			
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Washer			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Memphis, Tenn.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Howard Bohanan		13b. MOTHER'S MAIDEN NAME Helen McCaey		14. NAME OF HUSBAND OR WIFE Modinia Wright Bohanan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY # 412-07-4709		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp.				ADDRESS Hospital Records, Robt. Koch Hosp.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Meningitis						INTERVAL BETWEEN ONSET AND DEATH 4 mo. (?)	
		ANTECEDENT CAUSES DUE TO (b) Pulmonary Tuberculosis						???	
		DUE TO (c) 0-2 X							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 5-7-48 , 19 48 , to 2-15- , 19 49 , that I last saw the deceased alive on 2-15 , 19 49 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John Raymond Beem M.D.				23b. ADDRESS Robert Koch Hospital				23c. DATE SIGNED 2-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 21 19/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County			
DATE REC'D BY LOCAL REG. 2-18-49		REGISTRAR'S SIGNATURE Thurmond V. Linn		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, 2820 Stoddard St.					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, 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.