

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21981

State File No.

BIRTH NO. 38831-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1213

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>						
b. CITY OR TOWN <u>Richmond Hills</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY OR TOWN <u>ST LOUIS</u>		Mo <u>10</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>7442 SHARON DR 201</u>						
3. NAME OF DECEASED (Type or Print) <u>Boy (Infant David)</u>			a. (First)	b. (Middle) <u>BOHNENN</u>	c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 49</u>		5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>0</u>	8. DATE OF BIRTH <u>15 MAY 49</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Hours <u>47</u>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>LEO BOHNENN</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE Wilson</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo J. Bohnenn 7442 Sharon Drive</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>			DU TO (b) <u>Unknown Cause</u>					77.6x	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DU TO (c)					129	
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 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) (Min.)		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 <u>15 MAY 1949</u> , to <u>16 MAY 1949</u> , that I last saw the deceased alive on <u>16 MAY 1949</u> , and that death occurred at <u>6:15 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R J Buisson MDC</u>			23b. ADDRESS <u>St Mary's Group Hosp</u>			23c. DATE SIGNED <u>16 May 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7St. Louis, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-17-49</u>			REGISTRAR'S SIGNATURE <u>Harold L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meth Hermann & Son, Inc. 2161 E. Fair Ave.</u>				

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.

NOT EMBALMED

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.