

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33484

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 43

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair, Mo.</u>                                 |   | d. STREET ADDRESS (If rural, give location) <u>St. Clair, MO.</u>  |  |

|   |             |                               |  |
|---|-------------|-------------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Lena</u> | b. (Middle) | c. (Last) <u>Bohnenstiehl</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept. 29, 1949</u> |
|---|-------------|-------------------------------|--|

|                    |                               |   |                                       |   |  |   |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Fem.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 12, 1875</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> | IF UNDER 48 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Hme</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|                                   |  |   |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis Bohnenstiehl</u> |
|-----------------------------------|--|---|

|   |                                     |   |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Orville Bohnenstiehl</u> ADDRESS <u>Clinton, Miss.</u> |
|---|-------------------------------------|---|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs</u>                                    |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchyone carcinoma</u> | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death: <u>colic</u> |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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 Sept, 1949 to Sept, 1949 that I last saw the deceased alive on 9-27, 1949 and that death occurred at 9 12 m. from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>John F. Pical, M.D.</u> | 23b. ADDRESS <u>St. Clair, Mo.</u> | 23c. DATE SIGNED <u>9-30-49</u> |
|---|------------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/3/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Collinsville, Ill.</u> |
|---|--------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>10-2-49</u> | REGISTRAR'S SIGNATURE <u>E. L. Worthington</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell</u> ADDRESS <u>St. Clair, Mo.</u> |
|---|--|---|

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

36  
30

District File Number \_\_\_\_\_  
RECEIVED  
District Health Officer No. 9,  
OCT 14 1949

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. 344

working under my personal supervision.

Student Ralph Ottmann.....  
Student Embalmer

Signed E. F. Ottmann

Licensed Embalmer No. 1686

P. O. Address Union 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.