

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6012**
Registrar's No. **1086**

318

1003

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|--|--|---|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri, c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | 2159 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4128 Louisiana Ave., | | | | 5 d. STREET ADDRESS (If rural, give location) 4128 Louisiana Ave., | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bertha | | b. (Middle) Anna | | c. (Last) Bohrer, | | 4. DATE OF DEATH (Month) (Day) (Year) February 1, 1950. | | |
| 5. SEX Female, | | 6. COLOR OR RACE White, | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single, 0 | | 8. DATE OF BIRTH December 11, 1876 | | |
| 9. AGE (In years last birthday) 73 | | 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) At Home, | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Martin Bohrer, | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Weber, | | | 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) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emilie M. Retz, ADDRESS 4309 Grace Ave., | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None. | | | | | INTERVAL BETWEEN ONSET AND DEATH Months | |
| 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) H200 | | | | |
| 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 Feb. , 19 48 , to Feb. , 19 50 , that I last saw the deceased alive on Jan 31 , 19 50 , and that death occurred at 11:00A m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) _____ | | | | 23b. ADDRESS 16 Houston Valley Rd | | 23c. DATE SIGNED 2/2/50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, U | | 24b. DATE Feb. 4, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Missouri, | | 24d. LOCATION (City, town, or county) (State) _____ | | |
| DATE REC'D BY LOCAL REG. FEB 3 1950 | | REGISTRAR'S SIGNATURE [Signature] | | | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St., ADDRESS St. Louis, 18, Mo. | | | |

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

read

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.