.S. No. 300
zv. 10.48

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

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42024

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9145

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cates Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood, Missouri 46.13
d. STREET ADDRESS (If rural, give location) 349 E. Bodley Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) E. c. (Last) Bohnenkamp
4. DATE OF DEATH (Month) (Day) (Year) October 26, 1950
5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 2, 1879
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Western Platt County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas A. Mitchell
13b. MOTHER'S MAIDEN NAME Jenny McKinnon
14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Louis M. Bohnenkamp, 349 E. Bodley Ave. ~~Kirkwood, Mo.~~

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 thrombosis, acute, massive — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardiovascular disease — years
DUE TO (c) Severe cerebral vascular accident — 3 years

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 ☐ NO ☒

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) ---- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ----

HH3X

22. *I hereby certify that I attended the deceased from* April 21, 1947, *to* October 26, 1950, *that I last saw the deceased alive on* October 16, 1950, *and that death occurred at* 3:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Baumgarten (Degree or title) MD
23b. ADDRESS 3720 Washington Blvd. St. Louis
23c. DATE SIGNED 10/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct. 30, 1950
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemtery
24d. LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL REG. OCT 27 1950
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Wilford G. Burnley

Licensed Embalmer No. 4702

P. O. Address St Louis Iowa

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.