

FILED MAR 7 1951
#56309

STANDARD CERTIFICATE OF DEATH

5886
State File No. 1714

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1714					
1. PLACE OF DEATH a. COUNTY				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 town) St. Louis, Mo.				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2137					
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) City Infirmary							
3. NAME OF DECEASED (Type or Print)			a. (First) JULIUS		b. (Middle)		c. (Last) BOHN				
4. DATE OF DEATH			Jan. 29th, 1951		5. SEX male		6. COLOR OR RACE white				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single			8. DATE OF BIRTH 7/18/78		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months Days				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown, Ills		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Jacob Bohn			13b. MOTHER'S MAIDEN NAME Catherine		14. NAME OF HUSBAND OR WIFE unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME M. Renard/St. Louis City Hospital #1.				ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS & CEREBRAL ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4500							
22. I hereby certify that I attended the deceased from 11/28/50 19, to 1/29/51 19, that I last saw the deceased alive on 1/29/51 19, and that death occurred at 2 PM m., from the causes and on the date stated above.											
23a. SIGNATURE Edward H. Schmidt, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/29/51					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE FEB 21 1951		24c. NAME OF CEMETERY OR LABORATORY Anthonia's		24d. LOCATION (City, town, or county) (State)					
DATE RECD BY LOCAL REGS		REGISTRAR'S SIGNATURE J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service, Inc.				ADDRESS			

(Licensed Embalmer's Statement of Death)

St. Louis 10, Mo.

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

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 _____

Signed
Student Embalmer

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.