

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11294

State File No. ....

FILED MAR 22 1952

REG. DIST. NO. 217

PRIMARY REG. DIST. NO. 6076 Registrar's No. 123

BIRTH NO. ....		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Lemay</b> )		c. LENGTH OF STAY (In this place) <b>16</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lemay Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>3628 Louisiana ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>---</b>		c. (Last) <b>Bohl</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 15, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 3, 1868</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>William Bohl</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Rohr</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles DeBisschop</b> ADDRESS <b>7819 Pennsylvania ave.</b>			
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) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b>  <b>10 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) m.		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 <b>12/12</b> , 19 <b>51</b> , to <b>1/15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/15</b> , 19 <b>52</b> , and that death occurred at <b>-----</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Mitchell L. Burtmuth M.D.</b> (Degree or title)				23b. ADDRESS <b>7629 So. Broadway</b>		23c. DATE SIGNED <b>1/15/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 18, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10180 Gravois Rd.</b>	
DATE REC'D BY LOCAL REG. <b>1-16-52</b>		REGISTRAR'S SIGNATURE <b>Hubert P. Donke HD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</b>			

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

JUL 17 1953

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.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 J. Broadway

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.