

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17591

FILED MAY 25 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4324**

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, 2629 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL Length of stay in 1b		STREET ADDRESS 12th STREET 5034 Delmar (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elizabeth Marie Bohnenkemper First Middle		4. DATE OF DEATH MAY 1, 1956 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1879
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY At Home	9c. AGE (In years last birthday) 76
10a. BIRTHPLACE (City and state or country) Aviston, Illinois		10b. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. FATHER'S NAME John Heidel		12. MOTHER'S MAIDEN NAME Mary Mietburg	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		14. SOCIAL SECURITY NO. Unknown	
15. INFORMANT Gertrude Jones Address 2625a Burd Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331x			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholecystitis & Cholecystectomy			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/30/56 to 5/1/56 and last saw her/him alive on 5/1/56 . Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Skotts, M.D. (Degree or title)		22b. ADDRESS 1515 LAFAETTE AVE.	22c. DATE SIGNED 5/1/56.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-1-56	23c. NAME OF CEMETERY OR CREMATORY St. Dominic Cemetery	23d. LOCATION (City, town, or county) (State) Breese, Illinois
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington,		25. DATE RECD. BY LOCAL REG. MAY 2 1956.	26. REGISTRAR'S SIGNATURE Carl Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

th, ifare dic vice 00 66 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1902-1903

EMBALMER

1902

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. [unclear]*
Licensed Embalmer No. 37

Licensed Embalmer No. 37

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.