

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030165
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 7991
FILED AUG 28 1958

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Alexian Bros		Length of stay in 1b	d. STREET ADDRESS 2249 0 2911 Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Rudolph Bohnert			4. DATE OF DEATH Month Day Year Aug 15 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sep 8 1928	9. AGE (In years last birthday) 29	10. FUNDING YEAR IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rudolph Bohnert		13b. MOTHER'S MAIDEN NAME Viola LaFlam		14. NAME OF HUSBAND OR WIFE Marilynn Maus		
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. 492-24-4977	17. INFORMANT Address Marilynn Bohnert 2911 Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial occlusion</u> DUE TO (b) <u>Myocardial damage</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 420.1					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u> <u>8 mo</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.						
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 <u>1-2-58</u> to <u>8-15-58</u> and last saw her alive on <u>8-15-58</u> Death occurred at <u>3:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Name or title) <u>J. H. Wuehler MD</u>			22b. ADDRESS <u>5600 S Longton</u>		22c. DATE SIGNED <u>8-16-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 19 58	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) St. Louis Mo		(State)	
24. FUNERAL DIRECTOR ADDRESS E. J. SCHNUR - 3125 LAFAYETTE		25. DATE RECD. BY LOCAL REG. AUG 18 '58	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith - MD</u> ucm			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *John B. Vollmer*
Licensed Embalmer No. *4014*
P. O. Address *3125 Lehigh*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.