Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-045434

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12617

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 02 ALEXIAN BROTHERS — Length of stay in Hospital or Institution: 2 49

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2830A CHEROKEE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle Last BOHLEN

4. DATE OF DEATH: Month DEC Day 28 Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: DEC 24, 1880
9. AGE (In years last birthday): 78 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: MACHINIST
11. BIRTHPLACE (City and state or country): ST. LOUIS, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOHN BOHLEN
13b. MOTHER'S MAIDEN NAME: ELSIE SANFTLEBEN
14. NAME OF HUSBAND OR WIFE: AMELIA

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.: 489-05-0933
17. INFORMANT: EMMA HUBERT — Address: ST. LOUIS, Mo.

MEDICAL CERTIFICATION

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 38 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — Several years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 8 1958 to Dec. 28-58 and last saw her him alive on Dec. 28-1958
Death occurred at 11:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. C. Weinsberg (Degree or title) M.D. M.D.
22b. ADDRESS 3606 Gravois
22c. DATE SIGNED 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12/31/1958
23c. NAME OF CEMETERY OR CREMATORY: ST. PAUL CHURCHYARD
23d. LOCATION (City, town, or county) (State): ST. LOUIS Co., Mo.

24. FUNERAL DIRECTOR: J L ZIEGENHEIN & SONS — ADDRESS: 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG.: DEC 29 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 C. P. Kidwell

Licensed Embalmer No. 3577

P. O. Address 7027 Gravois

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.