96 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12134

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township Central — Primary Registration District No. 4469 — Registered No. 21
City Maplewood (No. 7434 Zephyr Place St. Ward)

2. FULL NAME Lydia Bohlmann
(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theo Bohlmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 1886

7. AGE: Years 43 — Months 2 — Days 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlinville Ill

PARENTS
10. NAME OF FATHER: J. C. Strauss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Ill.
12. MAIDEN NAME OF MOTHER: Carolina McLauz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Theo Bohlmann
(Address) 7434 Zephyr Pl.

15. FILED 3/21, 1929 Mercedes Schuster, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-9-28, 19, to 3-20-29, 19, that I last saw her alive on 3-20-29, 19, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recurrent Carcinoma of Breast with Metastases to Lungs
(duration) 3 yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF (1) 6 yrs ago (2) 1 yr ago
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Operative
(Signed) Theo H. Hauser, M. D
3/21, 1929 (Address) 3651 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters — DATE OF BURIAL: Mch 23 1929

20. UNDERTAKER: Theo W. Beidermieden — ADDRESS: 1936 St Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.