

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

Do not use this space.

21152

1. PLACE OF DEATH

County Gasconade

Registration District No. 303

File No. ....

Township Herrmann

Primary Registration District No. 4182

Registered No. ....

City Herrmann (No. .... St. .... Ward)

2. FULL NAME

Charles Gottlieb Bohlen

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

BERTHA BOHLEN

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

OCT-16-1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .... hrs.  
or .... min.

67

7

30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

LABORER

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

HERMANN

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

JOHN BOHLEN

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

12. MAIDEN NAME OF MOTHER

ANNA GROSSMAN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

HERMANN

14. INFORMANT

(Address)

Mrs. Fred Hirschfeld  
Herrmann Mo.

15.

FILED

6-17, 1929 Anna Krichky

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 15<sup>th</sup> 1929

17.

I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

death due to accidental drowning,  
as determined by Coroner's inquest.  
183

CONTRIBUTORY  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Julius Lingenfelter, M. D.

6/16, 1929 (Address) Herrmann, Mo.

\*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

DATE OF BURIAL

Herrmann City Cemetery

6/17 1929

20. UNDERTAKER

ADDRESS

Herrmann Blumer

Herrmann

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.

