

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

3213

File No. _____
Registered No. **430**
St. _____ Ward _____

1. PLACE OF DEATH _____

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **10007**
City **St. Louis** (No. **City Hospital #1**) St. _____ Ward _____

2. FULL NAME _____

(a) Residence. No. **5559 Pershing** St. **5** 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) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Bohm		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19, 1871		
7. AGE	YEARS 75	MONTHS 1
	DAYS 21	IF LESS THAN 1 YEAR day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. **Salesman 14^{1/2}**
(b) General nature of industry, business, or establishment in which employed (or employer). **braches**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Posen**
(STATE OR COUNTRY) **Germany 10**

10. NAME OF FATHER **Henry Bohm**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER **Fredericka Nathan**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY) _____

14. INFORMANT **Mrs. Genevieve Kegerer 76^{1/2}**
(Address) **5559 Pershing**

15. FILED **12**, 19**31**
W. C. Stankley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 10 1931**
17. **No Physician in attendance**
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date stated above, at _____ m.
CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **930** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. H. Hurley M.D.**
1/14 1931 (Address) **Deputy Coroner**

*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 **New Mt. Sinai** DATE OF BURIAL **1/12 1931**

20. UNDERTAKER **W. C. Berger** ADDRESS **4715 McPherson**

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.

