

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

4081

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

File No.

Registered No. **1288**

City **St. Louis** (No. **18270**)

City **St. Louis** (No. **18270**)

St.

Ward

2. FULL NAME

(a) Residence. No. **4741 Milentz St.**

City **St. Louis** (No. **18270**)

Ward. **2**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **7** yrs. **0** mos. **0** 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 **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 13 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **nil**
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired**
(c) Name of employer **Coal Miner**

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

10. NAME OF FATHER **Henry Bohland**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Elizabeth Dubnowski**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **City of St. Louis**

15. FILED **Feb -2 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 31 1931**

17. I HEREBY CERTIFY that I attended deceased from **Jan 27 1931** to **Jan 31 1931** that I last saw him **alive** on **Jan 31 1931** and that death occurred, on the date stated above, at **1140 h**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis decompensated
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? **Refused**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical laboratory**
(Signed) **Rescherman**, M. D.

(Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or if 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 **Proy Hls** DATE OF BURIAL **Feb 3 1931**

20. UNDERTAKER **Weidmuller 623 Travis** ADDRESS

Oakland