27 1931

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

6988

File No.
Registered No. 69

1. PLACE OF DEATH
County St Louis
Township
City (No. Jesson Road St. Ward)
Registration District No.
Primary Registration District No. G

2. FULL NAME Dora H. Bohl
(a) Residence. No. R.F.D. 8 Box 160 Jeff Blks St., Ward. Jefferson Blks, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 7, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	6	10	

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) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mehlville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dora Schuette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT John Bohl
(Address) R #8 Jeff. Blks, Mo.

15. FILED Feb 18 1931 L. C. Obrock REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to Feb 17, 1931, that I last saw her alive on Feb 17, 1931, and that death occurred, on the date stated above, at 2.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
OPR
102 (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) High blood pressure
(duration) 1 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) Walter H. Kelly M. D.
, 19 (Address) Affton.

*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. Johns Cem. DATE OF BURIAL 2/20 1931
20. UNDERTAKER C. Hoffmeister U-Lb ADDRESS 7814 S. Broadway

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.