

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

Do not use this space.

7436

**1. PLACE OF DEATH**

County..... Registration District No. **7911**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **7016** **Pennsylvania**) St. .... Ward .....

File No. ....  
 Registered No. **1753**  
 St. .... Ward .....

**2. FULL NAME**

**Anna Bohlsen**  
 (a) Residence. No. **7016 Pennsylvania** / 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry G Bohlsen</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>June 3 1861</b>		
7. AGE	YEARS <b>69</b>	MONTHS <b>8</b>
	DAYS <b>5</b>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>House wife</b> (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) <b>Ill</b>		
PARENTS	10. NAME OF FATHER <b>Fred Hecker</b>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
	12. MAIDEN NAME OF MOTHER <b>Mad. Minner</b>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
14. INFORMANT (Address) <b>Henry G Bohlsen</b> <b>7016 Pennsylvania</b>		
15. FILED 19... REGISTRAR <b>Max C. Stanley</b>		

**MEDICAL CERTIFICATE OF DEATH**

**20**

16. DATE OF DEATH (MONTH, DAY AND YEAR)  
**Feb 8 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 17 1930** to **Feb 8 1931**, and that I last saw her alive on **Feb 7 1931**, and that death occurred, on the date stated above, at **10 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Endocarditis chronic**  
**92.8**  
**57**

(duration) **2 yrs. 2 mos. 20 ds.**

CONTRIBUTORY (SECONDARY) **Rheumatism chronic**  
 (duration) **3 yrs. .... mos. .... ds.**

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT A PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
**Heart tissues + smears**  
 (Signed) **F. F. Jeller**, M. D.  
 , 19 (Address) **7119 So Belmont**

\*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 <b>St. Peter + Paul Church</b>	DATE OF BURIAL <b>Feb 11 1931</b>
20. UNDERTAKER <b>Kendall Kiel Co</b>	ADDRESS <b>Mich. Co</b>

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.

