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

791
1003

Do not use this space.
8151

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St Louis (No. ....., Lutheran Hosp St. ..... Ward)

File No. .....
Registered No. 2530

2. FULL NAME Mathilda Bohmeyer

(a) Residence. No. 4721 Alexander St. 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? life 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 Melvin Bohmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-18-1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	10	6	

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

9. BIRTHPLACE (CITY OR TOWN) Hartburg
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER John Althoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hartburg
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Caroline Buesking
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

14. INFORMANT Melvin Bohmeyer
(Address) 4721 Alexander

15. FILED FEB 25 1931, 19 Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/12, 1931, to 2/24, 1931, that I last saw her alive on 2/24, 1931, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Femoral embolus

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

CONTRIBUTORY (SECONDARY) Caesarean Section
(duration) ..... yrs. ..... mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/12/31 2/24/31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) [signature], M. D.
2/25, 1931 (Address) 505 Union Club Bldg.

*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
Hartburg Illinois	2-28 1931
20. UNDERTAKER	**ADDRESS**
Aug M Haaner	Waterloo Ill