

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

Do not use this space.

6618

1463

MAR 24 1934

PLACE OF DEATH

County
Township
City St. Louis (No. Desloge Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No.
St. Ward)

2. FULL NAME

Ella Bohu

(a) Residence, No. 2918 Pennsylvania St. Ward. 24
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16th 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Ernest Gaur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Schutte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Viola Bohu 2918 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Peter & Paul Feb 12th 1934

19. UNDERTAKER (ADDRESS) Stacker Helderle 2331 10th Broadway

20. FILED 10 1934 J. Bredecki Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1933 to Feb. 9 1934
I last saw her alive on Feb. 9, 1934 Death is said to have occurred on the date stated above, at 12th M.

The principal cause of death and related causes of importance were as follows:

apoplexy
chronic vascular disease
chronic myocarditis

Other contributory causes of importance:

9212
436
9212

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. Lee Shrader, M. D.
(Address) 2720 Washington

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.

23
1
10
8

