

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **7710 Water St**)
 St. _____ Ward _____

File No. **14826**
 Registered No. **3916**

2. FULL NAME

Herring, G. Bohlsen
 (a) Residence, No. **7710 Water St** / Ward _____
 (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 **Male** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 28 1852**

7. AGE YEARS **81** MONTHS **6** DAYS **19** IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Day Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **not emp -**
 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) **Dred**

13. NAME **Henry J Bohlsen**

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

15. MAIDEN NAME **not known**

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

17. INFORMANT **Magie Bohlsen** (ADDRESS) **7810 Water St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter Paul** DATE **Apr 21 1934**

19. UNDERTAKER **Franklin Wood Co** (ADDRESS) **7819 Michigan St**

20. FILED **6** (ADDRESS) **J. Brebeck**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **MARCH 17 1934** to **APRIL 17 1934**

I last saw him alive on **APRIL 15 1934** Death is said to have occurred on the date stated above, at **12** m.

The principal cause of death and related causes of importance were as follows:
Mitral Stenosis Date of onset _____

W. G. G. A.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Heart** 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) **F. F. Zeller**, M. D.

(Address) **7119 So. Belway St. St. Louis**

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.

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

MAY 3

Jellen
7100 S 10th