

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

Do not use this space.

42077

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
 Townshp. \_\_\_\_\_ Primary Registration District No. 4470  
 City University City, Mo. (No. 1060 Purdue Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1060 Purdue Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (write name) <u>Adelia Bohlman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1867.</u>		
AGE	YEARS	MONTHS
	<u>68</u>	<u>2</u>
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Packing Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 1931.</u>		
11. Total time (years) spent in this occupation. <u>50 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Henry Bohlman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany.</u>		
15. MAIDEN NAME <u>Caroline Ledger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany.</u>		
17. INFORMANT <u>Mrs. Adelia Bohlman</u> (ADDRESS) <u>1060 Purdue Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>Jan 21, 1935</u>		
19. UNDERTAKER <u>Ched Meyer &amp; Sons</u> (ADDRESS) <u>3934 N. 29 St.</u>		
20. FILED <u>Jan. 2, 1936</u> <u>Lena V. Moller</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Chr. myocarditis,  
Chr. arteriosclerosis.

Date of onset

Other contributory causes of importance:

Anemia

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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?

If so, specify \_\_\_\_\_ 12/31/35

(Signed) L. B. Turner, M. D.

(Address) 3711 Jennings, St. Louis, Mo.

Edna B. Turner

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 CAREFULLY WITH OMPASSING INK—THIS IS A PERMANENT RECORD

