JUL 14 1936

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

Do not use this space.

24762

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 6386

1. PLACE OF DEATH
County
Township
City St Louis (No. 4500, Washington Blvd St. Ward)

2. FULL NAME CAROLINE W. SOHM
(a) Residence, No. 4500 WASHINGTON BLVD St., 12 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 16 - 1872

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. REGISTERED NURSE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) DUBUQUE, IOWA

FATHER
13. NAME JOSEPH JOHM
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME CHRISTINA WISSMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Dr. OLGA BORGMANN
(ADDRESS) 4500 WASHINGTON BLVD

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE ST. PETERS CEMETERY DATE JUNE 25, 1936

19. UNDERTAKER Wm. M. Schumacher
(ADDRESS) 4834 Natural Bridge

20. FILED JUN 24 1936 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 24, 1936
I last saw her alive on June 23, 1936. Death is said to have occurred on the date stated above, at 4:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	6/20/36

Other contributory causes of importance:
Hypertension.

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) H. F. Bergman, M. D.
(Address) 3721 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.

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

10M-3-28-35