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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 17945

Township ..... Primary Registration District No. ..... Registered No. 4521

City ..... (No. Christian Hospital. ..... St. ..... Ward)

2. FULL NAME Leonard T. Bohaneck,

(a) Residence, No. 4946 Ashby Ave. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1916

7. AGE: YEARS 20 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heine Boiler Co.
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.

FATHER
13. NAME John Bohaneck,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Mary Gondek,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) John Bohaneck, 4946 Ashby Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 5/3/37 19

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 117 E. Grand Bl.

20. FILED MAY 1 - 1937 19 J. K. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/1937. 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:45 P.

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

General Peritonitis, following gunshot wound of abdomen, suffered when shot by a gun in the hands of one, Ernest Rooke, at 6414 N. Broadway, at 2:30 a. m. April 18th, 1937.

Other contributory causes of importance:

ACCIDENTAL.

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/18, 1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury .....

Nature of injury See Above

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

If so, specify.

(Signed) Joseph M. Zeeman, M.D.

(Address) Deputy Coroner