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

Do not use this space.

File No. 18546
Registered No. 5122

JUN 12 1937

1. PLACE OF DEATH
County .....
Township .....
City St. Louis, Mo. (No. De Paul Hospital, St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Eugene F. Bohn
(a) Residence, No. 6122 Cresent A ve., St., 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/9/1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
#####	###	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St. Louis, Mo

FATHER
13. NAME Frederick W. Bohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Helen Harrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Elmer T. Bohn 8106 Monroe, Vanita Pk

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE 5/22/37, 19

19. UNDERTAKER Ky Lindner Und Co
(ADDRESS) 4017 N. Broadway

MAY 22 1937

20. FILED ....., 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 21, 1937
I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia - Staphylococcus	
aureus infection	

Other contributory causes of importance:
Premature colitis

119B

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

23. If death was due to external ~~cause~~ 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 no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eugene J. Quelley, M. D.
(Address) Jennifer Rd.

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.

[illegible]

[illegible] 1714