

Registration District No. 791

Primary Registration District No. _____

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4250 College Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4250 College Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Phillip J. Bohner 560

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Bohner (Rahn) 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb 11 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 14 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shoe Business

12. Name Fred Bohner

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margarite Raeder

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Bohner

(b) Address 4250 College Avenue

17. (a) Burial (b) Date thereof 5/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 28 1940 (b) J. F. Brubaker
(Date received local registers) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 25th 1940 to May 25th 1940;
that I last saw him alive on May 25th 1940
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis (Chronic) Duration 2 yrs

Due to arterio Sclerosis 15 yrs

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Claude H. Allen (M. D. or other)

Address 5328 Page Blvd Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

C. Allen

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.