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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30817

Registration District No. 791 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 8094

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: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland NR (If outside city or town limits, write "RURAL")

(d) Street No. 2423 Leslie (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lizzie Bohle

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry J.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 10 (Day) 1878 (Year)

8. AGE: Years 62 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Port Hudson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Luecker
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace (City, town, or county) unk (State or foreign country)

16. (a) Informant Albert Bohle

(b) Address 5435 Janet Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4800 Washington Ave.

19. (a) SEP 30 1940 (Date received for registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 25th, 1940 to Sept. 27, 1940, that I last saw her alive on Sept. 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	1 hr
Due to Metastatic Carcinoma	year
Due to Carcinoma Liver	1½ yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma	

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur Endless (M. D. or other) MD

Address 2202 Mercantile St Date signed 9/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.