

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19838
State File No. 4650
Registrar's No.

FILED JUL 21 1941
Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5628 Statler Ave.
(If rural, give location) Greenwood
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 3
1940 to June 2, 1941;
that I last saw her alive on 6-2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy
Hypertension
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

6 days
2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

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

23. Signature: [Signature] (M. D. or other)
Address: 634 N. Grand, St. Louis Date signed 6-3-41

3. (a) PRINT FULL NAME Matilida C. Barr

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

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

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

7. Birth date of deceased Dec. 11, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 2 2 hr. min.

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

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER
12. Name Henry Bohlman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Seegar
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Pratt
(b) Address 5628 Statler Ave.

17. (a) Burial (b) Date thereof June 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
(b) Address 31 Union Blvd.

19. (a) JUN 2 1941 (b) [Signature]
(Date received by registrar) (Registrar's signature)

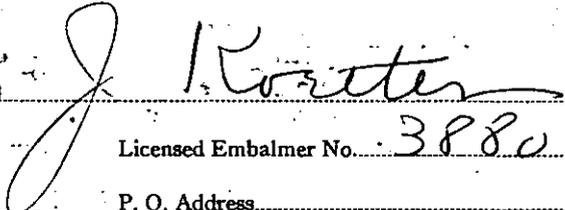
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....

Licensed Embalmer No. 3880.....

P. O. Address.....

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, fact should be so stated above.