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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27016

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6808

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital 1515 Lafayette (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. 23 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1722 (If outside city or town limits, write "RURAL") 9

(d) Street No. 1031 Armstrong Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ethel Bohn

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 Divorced

6. (b) Name of husband or wife William Bohn.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 16, 1889. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	6	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Sylvester Lewallen.
13. Birthplace ? (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Rosie Little.
15. Birthplace ? (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mr. Daniel H. Bohn.

(b) Address 2407 Elliott Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1941. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) AUG 21 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1941 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from April 28, 1941, to August 19, 1941; that I last saw her alive on August 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute peritonitis	8 hours
Due to Colostomy	5 days.
Due to	
Other conditions Carcinoma of cervix with a recto-vesical fistula (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ascites
Firm pelvic mass.
Of autopsy Above findings

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 R. R. Robinson Jr. (M. D. or other)

Address 1515 Lafayette Date signed 8/20/41

(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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 [illegible]

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

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