

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **29954**

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7293**

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4815 1/2 Easton Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Laura Bohlman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Louis Bohlman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 15 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 22 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William T. Burton**

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

14. Maiden name **Laura Holnbeck**

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

16. (a) Informant **Oliver Bohlman**

(b) Address **4815 1/2 Easton Ave.**

17. (a) **Burial** (b) Date thereof **9-9-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem. Drehmann-Harral**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **SEP 9 1941** (b) **J.P. Brubaker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **7**
year **1941** hour **10** minute **A.M.**

21. I hereby certify that I attended the deceased from **9-2-41** 19____ to **9-7-41** 19____
that I last saw **her** alive on **9-7-41** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **General Carcinomatous Lung - Adv. Stage**

Due to **Carcinoma R. Bronch**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **50**

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

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

23. Signature **R.K. Anderson** (M. D. or other) **0**
Address **4922 S. Hwy. Law** Date signed _____

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

0
17
9

4932
1-4
P. M.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.