

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital. 0
(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 Missouri. (b) County 000
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3015 Wisconsin Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th,
year 1941. hour 1 minute 0 A. M.
21. I hereby certify that I attended the deceased from Sept 30
1941 to Oct 12 1941;
that I last saw her alive on Oct 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Unknown
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach
Of operations _____
Of autopsy _____
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) (a) Means of injury _____
23. Signature George J. Prodek (M. D. or other) _____
Address 3235 So. Grand Date signed 10/13-41

3. (a) PRINT FULL NAME Bertha Boehnlein,

3. (b) If veteran, name war _____ 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 George J. Boehnlein 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. November 19th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>23</u>	hr. _____ min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Prodek

(b) Address 3015 Wisconsin Ave.

17. (a) Burial (b) Date thereof October 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director George J. Prodek

(b) Address 2823 Cherokee Street,

19. (a) OCT 14 1941 (b) J. J. Prodek
(Date received local registrar) (Registrar's signature)

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

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 *Juddie W. Ziegenhein*

Licensed Embalmer No. *2270*

P. O. Address. *2623 6 herosee*

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.