

DEC 22 1941 791
Registration District No. _____

Primary Registration District No. **1003**

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:
5362 Wabada Ave.
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5362 Wabada Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Bohnenstiehl**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-16-8094**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura Bohnenstiehl** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **Jan 25 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 9 hr. min.

9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mill Hand**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Andrew Bohnenstiehl**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Goodson**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Pearl Bohnenstiehl**
(b) Address **5362 Wabada Ave.**

17. (a) **Burial** (b) Date thereof **11-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **NOV 6 1941 7 Union Blvd.**

19. (a) **NOV 6 1941** (Date received local registrar) **F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **4**
year **1941** hour **10** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Oct. 30**
1941 to **Nov. 4** 1941
that I last saw him alive on **Nov 4** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **4 days**

Due to **Arteriosclerosis**
Hypostatic pneumonia 4 days
(Unspecified)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **gta**
Of operations _____
Of autopsy **not made**
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 **0**

23. Signature **Frank W. Koets** (M. D. or other) _____
Address **3500 1/2 Howard** Date signed **11-6-41**

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

3500 N. Grand St. 1400
8-94-3-550

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.