

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43048**

DEC 31 1941

Registration District No. **184**

Primary Registration District No. **200**

Registrar's No. **2577**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Robertson, Mo Rte #1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Robertson, Mo Rte 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 year**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **FILL MORE F. BOHNE**

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

4. Sex **♂** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fern** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **Oct 30 1892**
(Month) (Day) (Year)

8. AGE: Years **49** Months **1** Days **17** If less than one day hr. min.

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

10. Usual occupation **Mechanic**

11. Industry or business **Public Service**

12. Name **Fern Bohne**

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

14. Maiden name **Annie Lantier**
15. Birthplace **Blackwell, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William Bohne**

(b) Address **Robertson, Mo**

17. (a) **Burial** (b) Date thereof **12/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Gardens**

18. (a) Signature of funeral director **E. Carl White**

(b) Address **4757 Lindell**

19. (a) **DEC 20 1941** (b) **J. McPherson**
(Date received local registration) (Registrar's signature)

767 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17** year **1941** hour _____ minute **7:30 P.** M.

21. I hereby certify that I attended the deceased from **12-4-41** to **12-17-41** that I last saw him alive on **12-16** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute endocarditis** Duration **3 mo.**
Due to **Influenza** **3 mo**
Due to **Septicemia** **3 mo**

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 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) (e) Means of injury _____

23. Signature **Scott E. Kufuss** M.D. or other _____
Address **340 Bermuda Ave** Date signed **12-20-41**

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

96
000

340 Bismarck

JAN 28 1942

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.....

Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.