

FILED APR 8 1942 9 1

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether)

In this community 0
years, months or days

3. (a) PRINT FULL NAME Regina Bohlsen

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 27 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 4 20 hr. min.

9. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business at home

MOTHER FATHER {

12. Name Henry G. Bohlsen

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

14. Maiden name Anna Backus

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

16. (a) Informant Mrs. Huppinger

(b) Address 3423 Maple

17. (a) burial (b) Date thereof 3-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Mary's Church

18. (a) Signature of funeral director James W. Co.

(b) Address 7420 Michigan

19. (a) MAR 22 1942 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3423 Maple
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from January 1, 1942,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast 2 yrs
Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy metastases in lung; liver; peritoneal cavity

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)

(c) Means of injury _____

23. Signature Ralph Schneider, M.D. (M. D. or other) _____

Address 3318 S. Grand Date signed 3-20-42

20 - 100 - 1000
3318 J. J. J. J.
7-8

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..... *Wm. E. Smith*
Licensed Embalmer No. *4148*
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.