

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(c) Name of hospital or institution
1814 S 8th St. 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town. St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 S. 8th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anton Bohn
(b) If veteran, name war. no.
(c) Social Security No. 490-03-4733

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 5
year 1942 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug. 5 1942
19... to Aug. 5 1942
that I last saw him alive on Aug. 5 1942 19...
and that death occurred on the date and hour stated above.

4. Sex. Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. Elizabeth Bohn
6. (c) Age of husband or wife if alive. 61 years
7. Birth date of deceased. Nov. 2 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral haemorrhage Duration 3 hours
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 9 3 hr. min.

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

10. Usual occupation Laborer

11. Industry or business St. Louis Cordage Mill

12. Name Anton Bohn

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

14. Maiden name Margaret Welter

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

16. (a) Informant Elizabeth Bohn
(b) Address 1814 S. 8th St.

17. (a) Burial (b) Date thereof. Aug. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. D. St. Marcus
with Bishop & Co.

18. (a) Signature of funeral director. Paul B. Webb
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 6 1942 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....

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 Paul B. Webb (M. D. or other) M.D.
Address 1920 Sidney Date signed 8/6/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Paul A. Shanklin
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Paul A. Shanklin*
.....

Licensed Embalmer No. *3472*

P. O. Address *2929 So. Jefferson Ave*

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.