S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25685

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7103

100
17
9

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: 6327 Lucille 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 Missouri (b) County 000
(c) City or town St. Louis 77 9
(If outside city or town limits, write "RURAL")
(d) Street No. 6327 Lucille Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Bohringer

3. (b) If veteran, name war none

3. (c) Social Security No. 489-07-3003

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Bohringer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 21st, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	1	hr. min.

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

10. Usual occupation Furrier

11. Industry or business Retired

FATHER
12. Name Unknown Bohringer
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Louise Bohringer
(b) Address 6327 Lucille Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 25 1942 (Date received local registrar) L. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1942 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from July 7, 1941, to Aug 22, 1942 that I last saw him alive on Aug 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum — Duration 2½ yrs

Due to

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Samuel B. Grant (M. D. or other) M.D.
Address 114 N. Taylor ave Date signed 8/24/42

844

(Licensed Embalmer's Statement on Reverse Side)

Mr. Grant
114 N. Taylor 1-5
Jefferson 8600

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 Warren A. Carver

Licensed Embalmer No. 3534

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.