

FILED in 1943
Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH: **St. Louis**

(a) County **St. Louis**

(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **96**

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")

(d) Street No. **804 Regina Street**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jessie Bohmeyer**

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 **married**

6. (b) Name of husband or wife **Melvin Bohmeyer** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Sept. 12 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	6	25hr.min.

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Benjamin Wharton**

13. Birthplace **Unknown N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Warren**

15. Birthplace **Louisville Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Melvin Bohmeyer**

(b) Address **804 Regina St.**

17. (a) **CREMATION** (b) Date thereof **Apr. 9 1943**
(Special, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation **MISSOURI CREMATORY**

18. (a) Signature of funeral director **E. J. Schmur**

(b) Address **3125 Lafayette Ave.**

19. (a) **APR 8 1943** (b) **E. J. Schmur**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1943** hour **5** minute **:40 a.m.**

21. I hereby certify that I attended the deceased from **4-3-43**
..... 19..... to **4-6-43**..... 19.....

that I last saw her alive on **4-6-43**..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: **Respiratory failure 3 days**
Subarachnoid hemorrhage 3 days

Due to.....
Due to.....

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

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?
.....
(Specify type of place)

While at work?..... (e) Means of injury **0**

23. Signature **Robert A. Hall** (M. D. or other) **M.D.**
Address **St. Louis County Hosp.** signed **4-7-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
532

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.....

Jose B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Poplar St. St. Louis*

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.