

S. No. 2  
OM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13278

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Lukes Hospital  
(d) Length of stay: 42 hours  
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Madison  
(c) City or town Cranite City  
(d) Street No. 2200 Edna  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Matthew Bohac  
(b) If veteran, name war no  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 19 year 1944 hour 8 minute 25 p.m.  
21. I hereby certify that I attended the deceased from Nov. 20 1943 to April 19 1944

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret  
6. (c) Age of husband or wife if alive unknown

that I last saw h. in alive on April 19 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Unknown  
8. AGE: About 57 years Months Days If less than one day

Immediate cause of death: Carcinoma of pancreas  
chronic cholangitis

9. Birthplace Lugo Slavia  
10. Usual occupation Steel Worker  
Steel Plant

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: H/O  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy confirmed diagnosis

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Lugo Slavia  
14. Maiden name Unknown  
15. Birthplace Lugo Slavia

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

16. (a) Informant Margaret Bohac  
(b) Address Cranite City Ill  
17. (a) removal (b) Date thereof April 20  
(c) Place: burial or cremation Madison Ill

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Howard F Rowland  
(b) Address 4355 Washington  
19. (a) APR 21 1944 (b) J. F. Bradeck

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature H. G. Newman (M. D. or other) M. D.  
Address Beaumont Bldg Date signed 4-20-44

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

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17  
9

**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

*Howard M. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Thomas Ms*

**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.**