

FILED JUN 20 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5594

Registrar's No. 16-12

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL CEDAR HILL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Meramec
OWN HOME
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 77-1-6 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
 (c) City or town RURAL NEAR CEDAR HILL
(If outside city or town limits, write "RURAL")
 (d) Street No. MERAMEC TOWNSHIP
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA HELEN BOHLE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUIS BOHLE 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased APRIL 5 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace DITTMER MO. U.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name LOUIS FICKEN

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

14. Maiden name ANNA MEYER

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

16. (a) Informant Herbert Bohle

(b) Address Cedar Hill Mo.

17. (a) Burial (b) Date thereof May 14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DITTMER CEMETERY

18. (a) Signature of funeral director J. B. Edwards

(b) Address Home Springs Mo.
 19. (a) 12 May 1944 (b) J. B. Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
 year 1944 hour 4³⁰ minute 10 M.

21. I hereby certify that I attended the deceased from May 10th 1944 to May 11th 1944
 that I last saw her alive on May 11th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
epilepsy
Arterio Sclerosis

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

While at work _____ (Specify type of place)
 (c) Means of injury _____

23. Signature J. B. Edwards (M. D. occupant)
 Address Cedar Hill Mo. Date signed 5/11/44

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

5000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-19-44

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

John H. Brimmer

Licensed Embalmer No. 1470

P. O. Address House Springs 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.