

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37715

State File No.

FILED DEC 7 1944

Registration District No.

Primary Registration District No. 4193

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
E. 8th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 years  
years, months or days)

3. (a) PRINT FULL NAME FREDERICK WILLIAM BOHL

3. (b) If veteran, name war --- 3. (c) Social Security No. none  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widowed  
6. (b) Name of husband or wife Dena Bohl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 26 hr. min.

9. Birthplace Hermann Mo In  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Bohl  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mathilda Kramke  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Engelbrecht

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 12 - 3 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bohl Family Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) Dec. 1/44 (b) A. H. Schiedler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28th year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 25th 1944 to Nov. 28th 1944  
that I last saw him alive on Nov. 28th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to Arteriosclerosis  
Duration 4 days

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 830  
Of autopsy \_\_\_\_\_  
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 E. G. Rhodius (M. D. or other)  
Address Hermann Mo Date signed 11/30/44

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

1261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-5-44

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.....

*Hugot Blument*  
Licensed Embalmer No. 3160

P. O. Address Hermann, 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.**