

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED MAR 24 1947

Registration District No. **348** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital  
(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 St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1544 N. 16th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leo L. Bohnert

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1947 hour 5 minute 20 A M

21. I hereby certify that I attended the deceased from 3/14/47  
19 3/12/47 to 3/12/47 19 \_\_\_\_\_  
that I last saw him alive on 3/12/47  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Birdie Mae Jenkins Bohnert 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 24 1888  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage and apoplexy Duration ada

Due to Broken Pneumonia Day day

Other conditions 87  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

59	0	18	hr. min.
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Major findings: Of operations \_\_\_\_\_

Of autopsy Cerebral Hemorrhage

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

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

10. Usual occupation Engineer

11. Industry or business \_\_\_\_\_

12. Name Edward Bohnert

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

14. Maiden name Amelia Eckstein

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

16. (a) Informant Edward Bohnert

(b) Address R 4, Box 590, St. Louis Co

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 3/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) \_\_\_\_\_ (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bredbeck (Specify type of place) 1875 Madison  
Address \_\_\_\_\_ (M. D. or other) 3/13/47  
Date signed \_\_\_\_\_

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**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 *Ben Hoffman*  
Licensed Embalmer No. *4366*  
P. O. Address *Paris, 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.**