

No. 2  
-1/47  
-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22072**

FILED JUL 12 1947  
318

Registrar's No. **6306**

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4350 Ellenwood Ave**  
(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..... **000**  
(c) City or town... **St. Louis**..... **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4350 Ellenwood Ave**..... **9**  
(If rural, give location) **0**  
(e) Citizen of foreign country?..... (Yes or No)  
**15**  
If yes, name country.....

3. (a) PRINT FULL NAME **Marie Bohn**

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

4. Sex... **Female**..... race **White**  
5. Color or race.....  
6. (a) Single, widowed, married, divorced... **Married**  
6. (b) Name of husband or wife... **Richard Bohn**  
6. (c) Age of husband or wife if alive... **50** years  
7. Birth date of deceased... **September 11 1911**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**35** **9** **17** hr. min.

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

10. Usual occupation... **At Home**

11. Industry or business.....

12. Name... **Joseph Wentz**

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

14. Maiden name... **Pauline Ernest**

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

16. (a) Informant... **Richard Bohn**

(b) Address... **4350 Ellenwood Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof... **7-1-1947**  
(Month) (Day) (Year)  
(c) Place: burial or cremation... **St. Matthews Cemetery**

18. (a) Signature of funeral director... **Ziegenfuss Bros**

(b) Address... **6409 Gravois Ave**

19. (a) **JUL 2 1947** (Date received local registrar)

(b) **J. F. Brudick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **28th** day... **June** year... **1947** hour... **11:30** minute... **A.** M.

21. I hereby certify that I attended the deceased from... **June 2** 1944 to... **June 28** 1947 that I last saw her alive on... **June 27** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death... **Artery - Vascula Blood Disease with Congestion Cardiac failure**

Due to... **Arteriosclerosis of the brain**

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

Major findings: Of operations... **1/2/47**  
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.....

23. Signature... **Dr. W. C. Wagoner** (M. D. or other)  
Address... **8127 1/2 So Grand** Date signed... **6-30-47**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**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..... *Ronald Yahrntes* .....

Licensed Embalmer-No..... *3917* .....

P. O. Address..... *St. Louis 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.