

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28856**  
Registrar's No. **8019**

City of St. Louis  
#10857  
Registration District No. **310**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
Street No. 3134 Lafayette Ave  
Memorial (If rural, give location)  
(c) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME OSCAR BOHLINGER  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie E. Bohlinger  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased March 8 - 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Furniture Salesman

11. Industry or business.....  
12. Name Paul Bohlinger  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora E. Brachus  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie E Bohlinger  
(b) Address 3134 Lafayette Ave

17. (a) Cremation (b) Date thereof Aug 25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd

19. (a) AUG 25 1947 (b) J. G. Brubaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23rd  
year 1947 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from 5/1/47  
19....., to August 23rd 19 47  
that I last saw him alive on August 23rd 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Arteriosclerotic Heart Disease  
Duration 48 hrs  
3 yrs  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause of 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? J. Lowry Brown, M.D. (Specify means of injury)  
23. Signature J. Lowry Brown, M.D. Address 1515 Lafayette Date signed 8/23/47

J. Lowry Brown, M.D.  
1515 Lafayette Ave

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

Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address

Maplewood, 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.