No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

13878

State File No.

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3820

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

1. PLACE OF DEATH:

(a) County

(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1003 Russell 9
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

(23)

3. (a) PRINT FULL NAME SOPHIA BOHLEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife CHRISTOPHER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 3 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 18 If less than one day hr. min.

9. Birthplace ST LOUIS CO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name PRECHT 4
13. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE WESTING 4
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Christopher Bohlen
(b) Address 1003 Russell

17. (a) Burial (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST MARCUS

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway

19. (a) APR 22 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1948 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from 4/13/48
, 19, to April 21st 1948
that I last saw her alive on April 21st 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration 1 week

Due to Arteriosclerosis

Due to

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

Major findings:
Of operations

Of autopsy

PHYSICIAN
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? (e) Means of injury 0

23. Signature N B Mills (M. D. or other)
Address 1515 Lafayette Date signed 4/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Separate Emb. Cert filed APR 22 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.