

Registration District No. **318** Primary Registration District No. **1003**

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 2509 E. N. Spring Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 Years (Specify whether years, months or days)
In this community 59 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2509a North Spring Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur R. Bohler,
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male (S. Color or race White)
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 19th, 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 18
If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Dye Maker
11. Industry or business Carter Corp. Co.

12. Name Robert Bohler.
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Bohler,
(b) Address 5641 Wells Ave.

17. (a) Cremation (b) Date thereof Apr. 10th,
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) APR 9 1948 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 1948 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from 11-14-1947 to 4-7-1948;
that I last saw him alive on 4-5-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Duration 3:30 pm

Due to Hypertension, Char.

Due to Myocarditis, Char.

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations None

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? 948 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Nicholas Vitale (M. D. or other) MD
Address 3861 St. Louis Ave Date signed 4/9/48

WRITE PLAINLY—USE 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

Elmo R. Padwell

Licensed Embalmer No. *4077*

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.