

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19113

State File No. _____

FILED JUL 13 1948

Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
14 mi. S. W. of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire lifetime
years, months or days

3. (a) PRINT NAME HILDA CLARA JULIA BOHL

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Bohl 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct. 13th (Month) (Day) 1900 (Year)

8. AGE: Years 47 Months 7 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Kuschel 13. Birthplace Hermann (City, town, or county) Mo (State or foreign country)

14. Maiden name Clara Wunderlich 15. Birthplace Hermann (City, town, or county) Mo (State or foreign country)

16. (a) Informant John Bohl (b) Address RFD Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Stolpe Cem.

18. (a) Signature of funeral director Hugot Blum (b) Address Hermann, Mo

19. (a) 6/5/48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 14 mi. S. W. of Hermann (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1948 hour 7 minute 2 P. M.

21. I hereby certify that I attended the deceased from May 21, 1948 to June 3, 1948
that I last saw him alive on June 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 10 min

Due to Coronary sclerosis 2 yrs.

Due to _____

Other conditions Measles (Include pregnancy within 3 months of death) 14 days

Major findings: Of operations 35 PHYSICIAN _____

Of autopsy _____ Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 6/5/48

Date Filed 7/12/48

District File Number.....

Issued By.....

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.....

Hugott Olmeyer

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.