

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1949

318

1003

State File No. 27877  
Registrar's No. 7103

|   |  |   |  |   |   |   |                             |   |  |
|---|--|---|--|---|---|---|-----------------------------|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____   |                             |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE |   |   |                             | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN SAINT LOUIS:   |  |   |  | c. LENGTH OF STAY (in this place)   |   |   |                             | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN SAINT LOUIS: |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>LUTHERAN HOSPITAL 10   |  |   |  | d. STREET ADDRESS (If rural, give location)<br>10<br>3475 SOUTH SPRING AVE: 10                    |   |   |                             |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br>FRANK   |  | b. (Middle)<br>GEORGE   |   | c. (Last)<br>BOHLE JR.  |                             | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>AUG 14 1949   |  |
| 5. SEX<br>MALE  |  | 6. COLOR OR RACE<br>WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED                                 |   | 8. DATE OF BIRTH<br>AUGUST 17 1886                                    |                             | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS.<br>62 11 27                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>REAL ESTATE MANAGEMENT   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country)<br>SAINT LOUIS, MISSOURI.   |                             | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>FRANK GEORGE BOHLE  |  |   | 13b. MOTHER'S MAIDEN NAME<br>FLORENCE ALTMAN |   |   | 14. NAME OF HUSBAND OR WIFE<br>DORA KNOLLENBERG BOHLE.                |                             |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>YES W.W. # 1.  |  | 16. SOCIAL SECURITY NO.<br>NONE.  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>DORA K. BOHLE 6-3475 SO. SPRING AVE:                         |   |   |                             | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Carcinoma Lung and Uterus</i>  |  |   |   |   |                             | INTERVAL BETWEEN ONSET AND DEATH<br>4 months  |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Squamous cell carcinoma of mouth</i> |  |   |   |   |                             | 2 years   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |   |   |                             |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   |   |                             | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                        |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>45c  |   |   |                             |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>1st X   |   |   |                             |   |  |
| 22. I hereby certify that I attended the deceased from Jan 1947, to Aug 14, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 1:00: m., from the causes and on the date stated above.        |  |   |  |   |   |   |                             |   |  |
| 23a. SIGNATURE<br><i>George A. Nelson M.D.</i> (Degree or title)  |  |   |  | 23b. ADDRESS<br>3325 S Grand  |   |   | 23c. DATE SIGNED<br>8/15/49 |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br>AUGUST 16/49   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>BELLEFONTAINE CEMETERY                                      |   | 24d. LOCATION (City, town, or county) (State)<br>ST. LOUIS, MISSOURI. |                             |   |  |
| DATE REC'D BY LOCAL HEALTH DEPT.<br>AUG 15 1949   |  | REGISTRAR'S SIGNATURE<br><i>J. B. Foster</i>  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br>G. R. LUPTON & SONS 7233 DELMAR BLVD, |   |                             |   |  |

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

DR. GEORGE DAMON.  
3325 SO. GRAND -  
PR: 0544 -  
HOURS - 12-4 PM.

*[Handwritten mark]*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence A. Murray  
Licensed Embalmer No. 4011

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.