V.S. No. 300
Rev. 10-48

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11328
Registrar's No. 877

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

4002

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2 Florissant R#1 4020
d. STREET ADDRESS (If rural, give location) Old Jamestown Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) Daniel
b. (Middle) H.
c. (Last) Bohn

4. DATE OF DEATH (Month) (Day) (Year) Apri 2nd, 1950

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 20,1908
9. AGE (In years last birthday) 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spray painter
10b. KIND OF BUSINESS OR INDUSTRY metal products
11. BIRTHPLACE (State or foreign country) Jonesboro, Ark
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Bohn
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Anna Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 489-16-6149
17. INFORMANT'S SIGNATURE OR NAME Anna Bohn, R#1Box 469 Florissant ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUBARACHNOID HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ANEURYSM OF ANTERIOR COMMUNICATING ARTERY, RUPTURED
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1950, *to* 4-2, 1950, *that I last saw the deceased alive on* 4-2, 1950, *and that death occurred at* 10 35A *m., from the causes and on the date stated above.*

23a. SIGNATURE R.R. Cohle, M.D.O. (Degree or title)
23b. ADDRESS 601 Brentwood Clayton
23c. DATE SIGNED 4-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4/5/50
24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL APR 4 1950
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1950

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 Elmer R. Sadwell

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.