

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21386

State File No. ....

5252

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY OR TOWN <b>St. Louis Missouri</b>		c. LENGTH OF STAY (In this place) <b>2 1/2</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Josephine Heidkamp Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>2203 S 11th Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) c. (Last) <b>Bohres</b>		4. DATE OF DEATH <b>June 14 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 28 1872</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>August Bohres</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Bohres</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Agnes Bohres 2203 S 11th Street</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dampness of h. foot</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Cardio nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>10 yrs?</b> <b>10 yrs?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H&amp;I X</b>
22. I hereby certify that I attended the deceased from <b>6/11 1950</b> to <b>6/14 1950</b> , that I last saw the deceased alive on <b>6/14 1950</b> , and that death occurred at <b>12 m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>H. C. Mullikin</b>		23b. ADDRESS <b>2608 S. Page Highway</b>		23c. DATE SIGNED <b>6/15/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul Cem</b>
24d. LOCATION (City, town, or county) <b>St Louis Missouri</b>		24e. (State)		
DATE REC'D BY LOCAL JUN 15 1950 REG.		REGISTRAR'S SIGNATURE <b>J. B. Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moyall Funeral Home 1926 Allen Av</b>

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

2608 So Kingsbury Hwy  
9-11 only

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 me

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Dale A. Sturman

Licensed Embalmer No. 4533

P. O. Address 7954 Allen

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.