S. No. 300
EV. 10.48

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

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17844

State File No. 4242

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2139
d. STREET ADDRESS (If rural, give location): 2820 Dalton ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): William
c. (Last): Bohl

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24,1908

9. AGE (In years last birthday): 42 | If under 1 year: Months | Days | If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Experimental Man

10b. KIND OF BUSINESS OR INDUSTRY: Plastics

11. BIRTHPLACE (State or foreign country): St.Louis,Missouri. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Otto Bohl

13b. MOTHER'S MAIDEN NAME: Clara Walther

14. NAME OF HUSBAND OR WIFE: Eleanor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 492-09-6534

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs.Eleanor Bohl 2820 Dalton ave.

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS

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? 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 3/10/18, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert G. Perry Deputy Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 5/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 7,1951

24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery

24d. LOCATION (City, town, or county) (State): 1800 Lemay Ferry Road Lemay,Mo.

DATE REC'D BY LOCAL REG. MAY 5 1951

REGISTRAR'S SIGNATURE: J. B. Karsten

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C.Hoffmeister U.&.L.Co. 7814 S.Broadway

(Licensed Embalmer's Statement on Reverse Side)

City Coroners Office

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harry J Schermacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.