

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21145
Statg File No. 5532
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE ^{where deceased lived. If institution: residence before admission.} a. STATE <u>Illinois</u>				b. COUNTY <u>Madison</u>		
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>1 mo 16 days</u>		c. CITY OR TOWN <u>Edwardsville</u>		8720				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>203 Douglas</u>				8		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>			b. (Middle) <u>Edward</u>			c. (Last) <u>Bohm</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-2-1894</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Real Estate Insurance</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own business</u>						
13a. FATHER'S NAME <u>William H Bohm</u>			13b. MOTHER'S MAIDEN NAME <u>Emma G Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Edna</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Meta Bohm</u>				ADDRESS <u>Edwardsville, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u> ANCECEDENT CAUSES <u>Carcinoma of prostate.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION <u>5-22-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple adhesions around femoral artery and vein, released.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>						
22. I hereby certify that I attended the deceased from <u>May 1</u> , 19 <u>51</u> , to <u>June 17</u> , 1951, that I last saw the deceased alive on <u>June 17</u> , 1951, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>4930 Lindell Blvd; St. Louis, Mo.</u>				23c. DATE SIGNED <u>6/17/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valley View</u>		24d. LOCATION (City, town, or county) <u>Edwardsville</u>		(State) <u>Ill</u>		
DATE REC'D BY LOCAL REG. <u>JUN 19 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>				ADDRESS <u>1104 Manchester Ave. St. Louis 10, Mo.</u>	

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

5532

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 Peter Dubreuil

Licensed Embalmer No. 3691

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.