

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14062

State File No. _____

No. 300
10-48

MAY 1 - 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 3771

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 3427 Shenandoah Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Matilda		b. (Middle) _____	
c. (Last) Bohle		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 22, 1869
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME John Schuler		13b. MOTHER'S MAIDEN NAME Marie Pale	
14. NAME OF HUSBAND OR WIFE Rudolph H. Bohle		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 Mrs. E. J. Schutte 3427 Shenandoah	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculature + Pt. hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardio failure DUE TO (c) Chronic myocarditis + Embolized Arteries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 10 days 3 weeks		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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? H221	
22. I hereby certify that I attended the deceased from 1946 to April 20, 1952 , that I last saw the deceased alive on April 19, 1952 and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23. SIGNATURE Charles J. Berninger		23b. ADDRESS 3103 Assault St.	
23c. DATE SIGNED 4/21/52		23d. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23e. LOCATION (City, town, or county) (State) St. Louis County, Mo		24a. BURIAL CREMATION REMOVAL (Specify) Removal	
24b. DATE April 22/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
DATE REC'D BY LOCAL REG. APR 22 1952		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros.		ADDRESS 2201 So. Grand Blvd.	

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

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
Student Embalmer

Student Embalmer No. _____
Signed *Benny A. Mann*
Licensed Embalmer No. *4366*
P. O. Address *St. Louis*

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.