

FILED FEB 10 1953

STANDARD CERTIFICATE OF DEATH

State File No. 4028

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 0271

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD Mo.</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRENTWOOD Mo. 4511</u>		d. STREET ADDRESS (If rural, give location) <u>8727 GOVINGTON COURT</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>COUNTY HOSP.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARCELLA</u> b. (Middle) <u>M.</u> c. (Last) <u>BOHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23 1953</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 8 1916</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS Mc IN ROY</u>		13b. MOTHER'S MAIDEN NAME <u>MARCELLA FITZGERALD</u>	
13c. NAME OF HUSBAND OR WIFE <u>ALBERT C BOHN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT C BOHN</u>		17. ADDRESS <u>8727 GOVINGTON CT</u>			

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) <u>Multiple fractures, hemorrhage and internal injuries</u> ANTECEDENT CAUSES <u>Suffered when they were struck by automobile while crossing highway.</u> DUE TO (b) <u>Struck by automobile while crossing highway.</u> DUE TO (c) <u>Struck by automobile while crossing highway.</u>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>125 E8124</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>road</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Kirkwood</u> (COUNTY) <u>St. Louis Co.</u> (STATE) <u>Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/23/53/12:53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by car.</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Willmann, Coroner</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Clayton, Missouri</u>	23c. DATE SIGNED <u>1/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-53</u>	REGISTRAR'S SIGNATURE <u>Hurlock R. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Becklage</u>	ADDRESS <u>6536 Clayton Rd</u>	

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~~ MR

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

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.