

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30658

State File No. _____
Registrar's No. 2155

BIRTH NO. 1000 1
AUG 25 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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| 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>St. Ferdinand TWP</u> | | c. CITY OR TOWN <u>St. Ferdinand TWP</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12117 Larimore Rd</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>26 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>12117 Larimore Rd</u> <u>4000</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>HELEN</u> | b. (Middle) <u>ANNA</u> | c. (Last) <u>BOHLER</u> | <u>August 4th, 1953</u> | | |

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 27th, 1883</u> | 9. AGE (In years last birthday) Months Days Hours Min. <u>70</u> | |
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| 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 <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Fred Meinert</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Esphorst</u> | 14. NAME OF HUSBAND OR WIFE <u>Edward H. Bohler Sr.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edward Bohler, 12117 Larimore Rd</u> | ADDRESS |
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| 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) <u>Myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> | | <u>3 yrs</u> |
| | DUE TO (c) <u>Malignant Hypertension</u> | | <u>6 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from 10-14, 1950, to 8-4, 1953 that I last saw the deceased alive on 8-2, 1953, and that death occurred at 12:15 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>A. J. Steiner</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>634 N Grand Av</u> | 23c. DATE SIGNED <u>8-5-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>August 7th, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8-5-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. D...-MD</u> | FUNERAL DIRECTOR'S SIGNATURE <u>WEDRICH FUNERAL HOME</u> | ADDRESS <u>8319 Hallsferry</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Davis*.....
Licensed Embalmer No. *4108*.....

P. O. Address *A. Davis, M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..