

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15259

State File No.

FILED MAY 31 1955

BIRTH NO.		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>75</u>	
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 OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Louisy city</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Webel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>C. 9.30</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>VANCE</u> c. (Last) <u>BOHRER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1955</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>1-3-1881</u>	
9. AGE (in years last birthday) <u>74</u>		10. AGE (in years last birthday) <u>74</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Bohrer</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Gano</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Bohrer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bohrer, Louisy city, Mo</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Min</u> <u>Min</u> <u>Yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420-1</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-23</u> , 19 <u>55</u> , to <u>5-23-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>55</u> , and that death occurred at <u>2:35 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. J. Noyes</u> (Signature or title)		23b. ADDRESS <u>105 E. Ohio</u>		23c. DATE SIGNED <u>5-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louisy city</u>		24d. LOCATION (City, town, or county) (State) <u>Louisy city Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-26-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Basel & Noyes</u> ADDRESS <u>Osceola Mo</u>			

(Licensed Embellisher'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 *Jack Furstone*.....

Licensed Embalmer No. *399*.....

P. O. Address *.....*

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.