

FILED SEP 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28348

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 2010

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>CLAYTON</u>		c. CITY OR TOWN <u>KIRKWOOD</u>	
c. LENGTH OF STAY (in this place) <u>ABOUT 2 WKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>			
STREET ADDRESS (If rural, give location) <u>MANCHESTER & MASON RDS. ZONE 77</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) _____ c. (Last) <u>Bohle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 55</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 27, 1877</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</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>U. S. A.</u>					

13a. FATHER'S NAME <u>JOHN H. BOHLE</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY KOENIGKRAEMER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Delphine Bolte - 74 Winshaw Lane</u>	
				ADDRESS <u>KIRKWOOD</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) <u>Multiple Infarctions of brain</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES As for 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from 8-17, 1955, to 8-28, 1955, that I last saw the deceased alive on 8-28, 1955, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Froelich, M.D.</u>		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>8-28-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG. 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8/29/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME, INC.</u>	
				ADDRESS <u>73 W. LOCKWOOD AVE</u>	

Sub. (Licensed Embalmer's Statement on Reverse Side) WEBSTER GROES, MO.

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. Lavin*.....

Licensed Embalmer No. *41*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.