

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31860**

FILED OCT 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **580** Registrar's No. **2218**

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) LADUE | | c. CITY OR TOWN LADUE | |
| c. LENGTH OF STAY (In this place) Days | | 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 #1 ROBIN HILL | | e. STREET ADDRESS (If rural, give location) 1 ROBIN HILL | |

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|--|-------------------------|--------------------------|------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) HENRY | b. (Middle) M | c. (Last) BOHN | (Month) SEPT | (Day) 22 | (Year) 1955 |

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|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|--------------------------|-------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT 23, 1886 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE MERCHANT | 10b. KIND OF BUSINESS OR INDUSTRY BOHN-LENARTZ | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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| 13a. FATHER'S NAME HENRY M BOHN | 13b. MOTHER'S MAIDEN NAME LOUISE STOLTMAN | 14. NAME OF HUSBAND OR WIFE AGNES BOHN |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 492-05-5687 | 17. INFORMANT'S SIGNATURE OR NAME AGNES BOHN | ADDRESS #1 ROBIN HILL, LADUE |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Minutes |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus | (b) Varicose veins of legs + ulcers | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | DUE TO (b) As above | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 443x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **7-10**, 19**55**, to **9-22**, 19**55**, that I last saw the deceased alive on **9-16**, 19**55**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Donald A. Munsch | 23b. ADDRESS 38 N Central Clayton | 23c. DATE SIGNED 9-23-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE SEPT 24, 1955 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI |
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| DATE REC'D BY LOCAL REG. 9-23-55 | REGISTRAR'S SIGNATURE Herbert R. Dombey | 25. FUNERAL DIRECTOR'S SIGNATURE Stock Mortuaries | ADDRESS 889 S BRENTWOOD CLAYTON 5 |
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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 Binkley*

Licensed Embalmer No. *365*

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.