

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41544**

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 3051 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Perryville Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Perryville Mo</u>		c. LENGTH OF STAY (in this place) <u>5 Months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perryville Nursing Home</u>		c. CITY OR TOWN <u>Cape Girardeau</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) _____ c. (Last) <u>Bohle</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 22/1955</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb, 4, 1873</u>	
9. AGE (In years) (last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco Worker Car Shops.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bohle</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Weiman</u>	
14. NAME OF HUSBAND OR WIFE <u>Louise Bohle Deac.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Bohle</u> ADDRESS <u>716 N Sunset St</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis 1 yr.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerotic Heart 1 yr. disease</u>	
DUE TO (c) _____		11. OTHER SIGNIFICANT CONDITIONS <u>Cerebral arteriosclerosis 2 yr.</u>	
2. Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>4200</u>	
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 <u>8-6</u> , 19 <u>55</u> , to <u>12-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>55</u> , and that death occurred at <u>11:54</u> am., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>J. H. Fairchild M.D.</u>		23b. ADDRESS <u>Perryville, Mo.</u>	
23c. DATE SIGNED <u>12-27-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemt</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		DATE REC'D BY LOCAL REG. <u>12-38-55</u>	
REGISTRAR'S SIGNATURE <u>Jos J Zellner</u> 250		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Fairchild</u> ADDRESS <u>Cape Girardeau Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 30 1956

JUL 17 1956

**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.....  
*L. L. Haines*

Licensed Embalmer No. *286*

P. O. Address *Cape Fear*

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.