

FILED OCT 16 1956

318

1003

35269
 STATE FILE NUMBER
 8653
 Registrant's No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			Length of stay in lb Life		STREET ADDRESS 3115 N. Union Blvd. 15		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LESTER Middle R. Last BOHLE				4. DATE OF DEATH Month Sept. Day 18th Year 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 25th, 1898		9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man			10b. KIND OF BUSINESS OR INDUSTRY Fred Campbell Supply Co.		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Bohle				14. MOTHER'S MAIDEN NAME Rosa Burkhardt					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 492-32-0442		17. INFORMANT Address Florence Bohle, 3115 N. Union Blvd., 15				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Portal Cirrhosis Gastro Intestinal Bleeding Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 581.0 DUE TO (c) PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a)								INTERVAL BETWEEN ONSET AND DEATH 4-6 yrs 4 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7/57 to 9-18-56 and last saw ^{her} him alive on 9/18/56 Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. H. Hayden M.D. (Degree or title)				22b. ADDRESS 930. Hollisworth				22c. DATE SIGNED 9/19/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/21/56		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri			
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4898 Natural Bridge Blvd.					25. DATE RECD. BY LOCAL REG. SEP 19 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD MD		
FUNERAL HOME, INC., St. Louis, 15, Mo.					(Licensed Embalmer's Statement on Reverse Side)				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mon.-Wed.-Fri.
9:00AM to 11:00AM
Tues.-Thurs.-Sat.
1:00PM to 3:00PM
File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph E. Zindler*

Licensed Embalmer No. 42

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.