

Health,  
Welfare  
Public  
Service

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008035

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 362

100  
57  
3

1. PLACE OF DEATH a. COUNTY St. Louis		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 Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN High Ridge 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in lb P.D.A.	d. STREET ADDRESS (If outside, give location) Williams Creek Road
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Fred L. Bohle			4. DATE OF DEATH Month Day Year 2 5 58			
---	--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 7th 1905	9. AGE (In years last birthday) 53	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) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Chemical	11. BIRTHPLACE (City and state or country) Greenville, Ills	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Herman Bohle	13b. MOTHER'S MAIDEN NAME Elizabeth Tubbesing	14. NAME OF HUSBAND OR WIFE Adele L. Bohle
------------------------------------	--	---

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. 430-61-7572	17. INFORMANT Address Adele L. Bohle High Ridge, Mo.
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis &amp; massive Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>4201</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 9/11/51 to 2/5/58 and last saw him alive on 11/6/57  
Death occurred at 1 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John King	22b. ADDRESS 6896 Big Bend 19, Mo.	22c. DATE SIGNED 2/6/58
---	---------------------------------------	----------------------------

23a. BURIAL (Specify) Removed	23b. DATE 2/7/58	23c. NAME OF CEMETERY OR CREMATORY St. Martins	23d. LOCATION (City, town, or county) (State) Dittmar Missouri
----------------------------------	---------------------	---	---

24. FUNERAL DIRECTOR PROHWITTER-MILLER HIGH RIDGE, MO.	25. DATE RECD BY LOCAL REG. 2/6/58	26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.
---	---------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

20

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 *Neville D. Frohwitter*

Licensed Embalmer No. *3696*  
P. O. Address *High Ridge*

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.