

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021186

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 53

Primary Registration District No. 5185

Registrar's No. 353

300
-57

01663

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri St Louis County | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 10 miles north of Jackson Mo Hiway 61 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN St Louis Mo 2269 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) 1917 Warren St St Louis Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Alfred Bohnsack | | 4. DATE OF DEATH Month Day Year May, 30, 1958 | |
| 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 Feb. 17, 1925 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Over head crain oper | | 10b. KIND OF BUSINESS OR INDUSTRY Iron foundry | 11. BIRTHPLACE (City and state or country) Allenville Mo |
| 13a. FATHER'S NAME Fritz Bohnsack | | 13b. MOTHER'S MAIDEN NAME Myrtle Withers | 14. NAME OF HUSBAND OR WIFE Virginia Bohnsack. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes No 11 | | 16. SOCIAL SECURITY NO. 489-26-2546 | 17. INFORMANT 1917 Warren St. Virginia Bohnsack, St Louis 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) Cerebral anoxia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) Auto accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple injuries - | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" 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.) 3 car collision | |
| 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.) Auto accident | 20f. CITY, TOWN, OR LOCATION 016 | COUNTY STATE |
| 21. I attended the deceased from 5-30-58 , to _____ and last saw her/him alive on 5-30-58 Death occurred at 2:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Dr. A. L. Schneider | | 22b. ADDRESS Cape Girardeau, Mo. | 22c. DATE SIGNED 5/31/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June, 1, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Memoral Park Cemt | 23d. LOCATION (City, town, or country) (State) Cape Girardeau Mo. |
| 24. FUNERAL DIRECTOR Haman's Funeral Home | | 25. DATE RECD. BY LOCAL REG. June 13, 1958 | 26. REGISTRAR'S SIGNATURE Mrs. (Tom) Cooper |

JUN 23 1958

JUN 27 1958

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 *J. H. Herman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.