

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026754
STATE FILE NUMBER
6922

318 Primary Registration District 1003 Registrar's No.

FILED JUL 28 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Bellefontaine Neighbors	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul		d. STREET ADDRESS 9861 Calumet Drive	
3. NAME OF DECEASED (Type or print) DIANE MARIE BOHNERT		4. DATE OF DEATH July 10, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1956
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	9b. KIND OF BUSINESS OR INDUSTRY None	9c. AGE (In years last birthday) 1 10	9d. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. FATHER'S NAME Robert C. Bohnert		10b. BIRTHPLACE (City and state or country) St. Louis, Mo.	
11. MOTHER'S MAIDEN NAME Teresa Hermeyer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		14. SOCIAL SECURITY NO. none	
15. INFORMANT Mr. Robert C. Bohnert		16. ADDRESS 9861 Calumet D	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor.			INTERVAL BETWEEN ONSET AND DEATH 193.0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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 5-1-58, to 7-10-58 and last saw her/him alive on 7-10-58. Death occurred at 10:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. C. Gust (Degree or title) M. D.		22b. ADDRESS 8700 Riverwood	22c. DATE SIGNED 7-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/12/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON 5541 RIVERVIEW BLVD.		25. DATE RECD. BY LOCAL REG. JUL 11 1958	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare Public Services 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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. W. Rister

Licensed Embalmer No. 390

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.