

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007827

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 543

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1-57

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis (Institution))	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNIVERSITY CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7900 Lafon		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 7900 LAFON
3. NAME OF DECEASED (Type or print) George Bohn			4. DATE OF DEATH Month February Day 26 , Year 1959
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 April 15, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Night watchman		10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.	11. BIRTHPLACE (City and state or country) Bohemia
13a. FATHER'S NAME Unknown Bohn		13b. MOTHER'S MAIDEN NAME Maria Brabek	14. NAME OF HUSBAND OR WIFE Mrs. Mary Bohn
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. 488-10-1878	17. INFORMANT Address Mrs. Mary Bohn 7900 Lafon Ave. U. City
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Profound brain and skull damage due to penetrating "through and through" gun shot wound			INTERVAL BETWEEN ONSET AND DEATH
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)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gun shot wound of head	
20c. TIME OF INJURY Hour 10:15 Month 2 Day 26 Year 1959 a.m. body found		20f. CITY, TOWN, OR LOCATION COUNTY STATE University City St. Louis Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) basement of home	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Russell David 3 Coroner		22b. ADDRESS Clayton, Mo.	
22c. DATE SIGNED 3/3/59			
23b. DATE February 27, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR Bernick & Nichols		25. DATE RECD. BY LOCAL REG. 2-27-59	
ADDRESS 1431 Union Blvd.		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, or cert. must use only standard nomenclature to item 10. NO symptoms writ. be listed. All diseases in Part I must be causally related.

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 *Oliver R. Seaman*

Licensed Embalmer No. *4079*
P. O. Address *St. Louis*

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.