

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St Louis

(No. Bethesda Home)

37925

File No.

Registered No. **11069**

2. FULL NAME

Henry Edward Mohrman Jr

(a) Residence. No. 2723 Manawan St. 15 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 16th, 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

1

11

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St Louis mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Henry E. Mohrman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St Louis mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Louisa Schulz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Henry E. Mohrman
2723 Manawan St

15.

NOV 22 1930

FILED

Ray C. Storkel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to Nov 21, 1930

that I last saw him alive on Nov 21, 1930, and that death occurred, on the date stated above, at 3:20 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mastoiditis

(duration) yrs. mos. 7 da.

CONTRIBUTORY Streptococci Septicaemia (SECONDARY)

(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 18/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical findings & Laboratory

(Signed) Ray C. Storkel, M. D.

, 19 (Address) 2800 E Chippewa St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cem

Nov 24 1930

20. UNDERTAKER

ADDRESS

Edmund Koch

3516 41st

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

