

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

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

Do not use this space.

17441

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **U.S. Marine Hospital, 3640 Marine Ave.,** St. Ward)

File No.

Registered No. **4331**

2. FULL NAME **Joseph Mohart**

(a) Residence, No. **3687 South Broadway** St. **24** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **36** 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zora Mohart				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1895				
7. AGE YEARS 36	MONTHS 6	DAYS 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner and presser			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothes cleaning Esth.			
	10. Date deceased last worked at this occupation (month and year) Unknown		11. Total time (years) spent in this occupation. Unknown	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

13. NAME **John Mohart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

15. MAIDEN NAME **Mary Kadlec**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

17. INFORMANT **Deceased Zora Mohart Wife**
 (ADDRESS) **3687 S Broadway**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **National Cem** DATE **May 5, 1932**

19. UNDERTAKER **P. H. Haffner & Co.**
 (ADDRESS) **2645 S Broadway**

20. FILED **MAY 15 1932**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1932** 19...

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 23, 1932**, 19... to **May 3, 1932**, 19...

I last saw him alive on **May 3, 1932**, 19... Death is said to have occurred on the date stated above, at **4:20AM**.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic Date of onset **1917**

Other contributory causes of importance: **Nephritis, parenchymatous, Chr.** **Unknown**

Name of operation **None** Date of

What test confirmed diagnosis **Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **No**
 Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **J. E. Smith** M. D.

(Address) **U.S. Marine Hospital, St. Louis, Mo.**

Registrar

Outlined: S. J. ... med. off. charge

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.

