

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.

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

Do not use this space.

11897

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **7002**  
City **St. Louis** (No. **5637**, **Pershing Ave** St. **3020** Ward)

2. FULL NAME

**William Mohr**  
(a) Residence, No. **5637 Pershing Ave** **5** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Darline Mohr</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 4, 1890</b>		
7. AGE YEARS <b>53</b>	MONTHS <b>1</b>	DAYS <b>26</b>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Oil Salesman</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Standard Oil Co.</b>		
10. Date deceased last worked at this occupation (month and year) <b>June 1933</b>		
11. Total time (years) spent in this occupation <b>12</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo</b>		
13. NAME <b>Dan Mohr</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>Darline Mohr</b> (ADDRESS) <b>5637 Pershing Co</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New London, Mo</b> DATE <b>Mar. 30, 1933</b>		
19. UNDERTAKER <b>Drehsman Kanal</b> (ADDRESS) <b>6965 Linden Blvd</b>		
20. FILED <b>AR 311 100</b> 19 <b>May 1933</b> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 28**, 19**33**, to **Mar. 29**, 19**33**  
I last saw him alive on **Mar. 29**, 19**33** Death is said to have occurred on the date stated above, at **1:20 P.m.**  
The principal cause of death and related causes of importance were as follows:  
**Labor Pneumonia** Date of onset **3/20**  
**108**  
**108**  
Other contributory causes of importance:

Name of operation **Obit** Date of **70**  
What test confirmed diagnosis? **Obit** Was there an autopsy? **70**

23. If death was due to external causes (violence), fill in also the following:  
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 **Arwell Oldfeld**  
(Signed) **Arwell Oldfeld** M. D.  
(Address) **1300 A Woodmont Ave**

1300 Potassium  
1-3