

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
791
1003
30445
 Do not use this space.
Registered No. **7882**

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City St. Louis (d) Street No. City Hospital No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 7919

William Mockler

2. PRINT FULL NAME

 (a) Residence, No. 4853 Calvin St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 William Mockler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 15

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland13. NAME William Mockler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Marion16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE Catholics DATE Sept 7, 193819. FUNERAL DIRECTOR (ADDRESS) J. J. Pruning 739 Howard St20. FILED SEP - 6 1938 J. B. Bredeek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/38 1922. I HEREBY CERTIFY, That I attended deceased from 8/30/38, 19, to 9/3/38, 19.I last saw h. him on 9/3/38, 19. Death is said to have occurred on the date stated above, at 7.50 pm.

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

Cerebral hemorrhage with left lung abscess

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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?

If so, specify (Signed) E. P. Reh, M. D.(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *B. W. Ferris* _____
Licensed Embalmer No. *1591*.

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.)