

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26285

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 137

1. PLACE OF DEATH:

(a) County ST LOUIS 3
(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months 5 days
(Specify whether
In this community 7 MONTHS 15 DAYS
years, months or days)

2) USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 1345 GRANT ROAD
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MARIA JULIA MOHR 600

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HENRY MOHR 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased JANUARY-9-1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 13 — hr. — min.

9. Birthplace COVINGTON KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business — 6

12. Name JOHN STRAUSS 1

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name JULIA SCHETTER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Schwartz

(b) Address 1345 Grant Road, Webster Groves

17. (a) BURIAL (b) Date thereof JULY 24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DALLAS CITY, ILLINOIS

18. (a) Signature of funeral director Parker David Co

(b) Address 1111 N. Meyer St, St. Louis

19. (a) JUL 23 1940 (b) M. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22
year 1940 hour 8 P.M. minute — M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 22, 1940,
that I last saw her alive on July 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 7 days

Due to infirmities of age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107a
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN A

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. J. J. Rief (M. D. or other) 3

Address 746 S Hazel Ave Date signed 7/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
6
4

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Caren B Lang*

Licensed Embalmer No. *1381*

P. O. Address *Webster Groves*

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 this body is not embalmed, above space should be left blank.