

Filed JUL 6 1942

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7545 Wise, Ave., 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7545 Wise, Ave.  
(If rural, give location)  
(e) Citizen of foreign country? N. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th  
year 1942 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from  
Feb. 15, 1942 to June 28, 1942  
that I last saw him alive on June 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Wilms tumor Duration  
Right kidney

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Generalized Carcinomatosis  
(Include pregnancy within 3 months of death)

Major findings: Wilms tumor right kidney  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Thomas Coates (M. D. or other)  
Address 1200 S. Big Bend Date signed 6/29/42

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

MOTHER FATHER

3. (a) PRINT FULL NAME FREDERICK ALBERT MOHME.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 7th 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 10 21 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Fremont A. Mohme

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

14. Maiden name Margaret Ruth Young.

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick A. Mohme.

(b) Address 7545 Wise, Ave.,

17. (a) burial (b) Date thereof 6-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JUN 29 1942 (b) G. M. Garant  
(Date received local registrar) (Registrar's signature)

*Dr. Coates  
1200 Big Bend  
Al 8888*

SEP 8 1987

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City*

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, fact should be so stated above.

SEP 28 1987