

FILED FEB 1 1943

Registration District No. _____

Primary Registration District No. _____

1005

Registrar's No. **572**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4168 Arsenal Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
Life (Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4168 Arsenal St.**
(If rural, give location)
 (e) Citizen of foreign country? **--** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Anna Mohrs

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Louis F. Mohrs**
 6. (c) Age of husband or wife if alive **--** years
 7. Birth date of deceased **July 9, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66' **6** **9** _____ hr. _____ min.

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

10. Usual occupation **Home**
 11. Industry or business **--**
 12. Name **Xavier Franz**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Vollmer**
 15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester J. Mohrs**
 (b) Address **4168 Arsenal St.**

17. (a) **Burial** (b) Date thereof **1 21 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Old SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Thos. H. Muller & Co.**
 (b) Address **3634 Gravois Avenue**

19. (a) **1 20 1943** **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**
 year **1943** hour **1** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Dec 20** 19**42** to **Jan 18** 19**43**
 and that death occurred on the **date** and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Valvular Heart Disease**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations _____

Of autopsy _____

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?
Cem.

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

23. Signature **Dr. H. Germer** (M. D. or other)
 Address **2924 S. Gravois** Date signed **1/19/43**

Duration

4 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Frank J. Myland

Licensed Embalmer No. *2645*

P. O. Address.....

S. Louis 110

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.