

V. S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19037

FRI JUN 3 0 39 45

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5108

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4333 John Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 000 9'

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4333 John Ave. /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles D. Mohr

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-10-819

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 3 minute 15P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Mohr 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 14, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

| | | | | |
|----|---|---|----|----------------------|
| 65 | 5 | 2 | 24 | hr. _____ min. _____ |
|----|---|---|----|----------------------|

Immediate cause of death _____
Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Unemployed Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Mohr

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

14. Maiden name Caroline Kurton

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

16. (a) Informant Mrs. Theresa Mohr

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? _____

17. (a) Burial (b) Date thereof 6/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____

(b) Address 2117 E. Grand Blvd.

19. (a) JUN 10 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury 3

23. Signature [Signature] (M. D. or other) _____

Address _____ Date signed 6/9/45

(Licensed Embalmer's Statement on Reverse Side)

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

100
17
9
77

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

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.