7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25955

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7090

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: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours (Specify whether
In this community 73-8-8
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2630 Armand Place 9
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pauline M. Mockobey
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Alexander Mockobey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 28 (Day) 1871 (Year)
8. AGE: Years 73 Months 8 Days 13 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House Work
11. Industry or business
MOTHER FATHER
12. Name Wm. Geiger
13. Birthplace (City, town, or county) Germany 7 (State or foreign country)
14. Maiden name not known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Edward Mockobey
(b) Address South Charleston W.Va.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director M. Schmuecker
(b) Address 3013 Meramec
19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1945 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from 1941 to Aug 10, 1945 that I last saw h. alive on Aug 10 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	24 hrs
Due to arteriosclerosis	
Due to hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Fabian J. Burke (M. D. or other) M.D.
Address 3115 S. Grand Date signed 8-13-45

(Licensed Embalmer's Statement on Reverse Side)

Dickmann Bldg
1-3
LA 4499

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.