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 Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** NOV 2 1945  
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9137**

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **?**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4321 Warne Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sophia K. Mohr**  
 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 **Married**  
 6. (b) Name of husband or wife **Charles Mohr**  
 6. (c) Age of husband or wife if alive **76** years  
 7. Birth date of deceased **January 13, 1873.**  
(Month) (Day) (Year)

8. AGE:  
 Years **72** Months **9** Days **9**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Venedy, Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

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

MOTHER FATHER {  
 12. Name **William Blumhorst**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Louisa Borgman**  
 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Mohr**

(b) Address **4321 Warne Ave.**

17. (a) **Removal** (Burial, cremation, or removal)  
 (b) Date thereof **Oct. 24, 1945.**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Okawville, Illinois.**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**  
(Specify type of place)

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **OCT 23 1945** (Date received local registrar)  
**J. F. Bedeck** (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **October** day **22nd**  
 year **1945** hour **9** minute **05 A.M.**  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Gypoplexy**  
 Due to **8206**  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

23. Signature **Alfred Perry** (M. D. or other)  
 Address \_\_\_\_\_ Date signed **10/23/45**

(Licensed Embalmer's Statement on Reverse Side)

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

1081  
 500  
 17  
 9

**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

*John A. Mlinar*

Licensed Embalmer No.

*4186*

P. O. Address

*St. Louis Mo.*

**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.**