

FILED NOV 28 1947 **318**
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (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:
(If not in hospital or institution, write street number or location) **City Hospital**
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(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?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **THERESA MOHR**
 (b) If veteran, name war.....
 (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **16th**
 year..... **1947** hour..... **6** minute..... **25** P.M.
 21. I hereby certify that I attended the deceased from **11/14/47**
 19..... to..... **Nov. 16th** 19..... **47**
 that I last saw her alive on..... **Nov. 16th** 19..... **47**
 and that death occurred on the date and hour stated above. Duration

4. Sex..... **female**
 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Widow**
 (b) Name of husband or wife.....
 (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Respiratory failure
cerebral hemorrhage
 Due to.....
arteriosclerosis
 Other conditions.....
(Include symptoms within 3 months of death)
for me, but stated, under the

7. Birth-date of deceased..... **March 25 1871**
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day
76 7 22 hr. min.

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

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

10. Usual occupation..... **At home**

11. Industry or business.....
 12. Name..... **William Timpe**
 13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Mary Mrazek**
 15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
 16. (a) Informant..... **Mrs. Veronica Nolan**
 (b) Address..... **5923 Hampton Ave.**
 17. (a) **burial** (b) Date thereof..... **11-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Calvary Cemetery**
 18. (a) Signature of funeral director..... **Ziegenhein Bros.**
 (b) Address..... **6409 Gravois Ave.**
 19. (a) **NOV 17 1947** (b) **J. F. Bredeh**
(Date received local registrar) (Registrar's signature)

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..... **Robert Moran M.D.** (M. D. or other)
 Address..... **1515 Lafayette** Date signed..... **11/17/47**

2020

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 *Homer W. Tutz*
Licensed Embalmer No. *3882*

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.