

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18392  
Registrar's No. 1529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Bapt. Hospital		d. STREET ADDRESS (If rural, give location) 1027 Wall St., 0	

3. NAME OF DECEASED (Type or Print) Walter G Mohr	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 13th, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Sept 22nd 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist	10b. KIND OF BUSINESS OR INDUSTRY steel	11. BIRTHPLACE (State or foreign country) Belleville, Ill /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Mohr	13b. MOTHER'S MAIDEN NAME Margaret Fishkorn	14. NAME OF HUSBAND OR WIFE Amanda Mohr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 333-03-5538	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Mohr, 1027 Wall St.,	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sept 27/4 June '50 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident - Sept 27/4		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriovascular disease DUE TO (c) Myocardial infarction Coronary thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, C.V. Disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201
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22. I hereby certify that I attended the deceased from June 10, 1950, to May 13, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 1:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Kasper (Degree or title)	23b. ADDRESS 8321 20 Broadway	23c. DATE SIGNED 5/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/17/51	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 14 1951	REGISTRAR'S SIGNATURE J. B. Kasper	25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*mul*

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~~ *ME*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ector H. Bernier*

Licensed Embalmer No. *4283*

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.