

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. 3820 McDonald av)

File No. **25681**

**25681**

Registered No. **7498**

St. .... Ward)

**2. FULL NAME**

Christian S. Mahring

(a) Residence. No. 3820 McDonald av, St. 16 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Elizabeth Mahring

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

April 4 of 1870

**7. AGE**

YEARS 58 MONTHS 3 DAYS 14

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Fruits & Produce

(c) Name of employer

Gen'l. Buyer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**10. NAME OF FATHER**

John Mahring

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Elizabeth Blain

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT

(Address)

Elizabeth Mahring  
3820 McDonald av

**15.**

FILED

20 1928  
May C Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

7-18 1928

**17.**

I HEREBY CERTIFY That I attended deceased from 4<sup>th</sup> of June, 1928, to 18<sup>th</sup> of July, 1928 that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 11:10 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chronic myocarditis

**CONTRIBUTORY (SECONDARY)**

90B

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF.....

**20. WAS THERE AN AUTOPSY?** No

**21. WHAT TEST CONFIRMED DIAGNOSIS?** clinical

(Signed) Dr. W. J. Blain, M. D.

770, 1928 (Address) St. Louis, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Memorial Park July 21 1928

**20. UNDERTAKER**

ADDRESS

Ruegenauer & Co. Morticians  
4104

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

University C. Bldg.  
12-130 P.M.

7