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

Do not use this space.

29322

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Lutheran Hospital St. ..... Ward)

File No. ..... Registered No. 8848

2. FULL NAME Barbara Mohrmann

(a) Residence. No. 3740 California Avenue 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Barney Méyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna Urban

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

14. INFORMANT Henry Mohrmann
(Address) 3740 California

15. FILED SEP -2 1928, 19 Chas C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30th, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to August 30, 1928 that I last saw her alive on August 30, 1928, and that death occurred on the date stated above, at 9:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock, due to Resection of stomach.
41.3

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Sarcoma of Pylorus.

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3740 California
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 8/29/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical findings

(Signed) A. L. Kerley, M. D.
8/31, 1928 (Address) 3608 S. Grand Bl.

*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 New St. Marcus

DATE OF BURIAL Sept. 3, 1928

20. UNDERTAKER Wacker. Helderle

ADDRESS 2331 S. Broadway

N. 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.