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

Do not use this space.

34886

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis Mo. (No. 3947, Kennerly Ave. St. ..... Ward)

File No.....

Registered No. 9850

2. FULL NAME Mr. Henry H. Mohl

(a) Residence. No. 3947 Kennerly Ave. St., // 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21st. 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	11	15	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER H. Mohl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs W. Mohl
(Address) 3947 Kennerly

15. FILED OCT 7 1928 19.... Mae C. Stirkof
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6th. 1928

17. I HEREBY CERTIFY That I attended deceased from Oct. 5th, 1928 to Oct 6, 1928 that I last saw h... alive on Oct. 5 1928, and that death occurred, on the date stated above, at 7:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
93C Arteris-sclerosis
97
111B about 1 (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary oedema
..... (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Edw. F. Sievers, M. D

Oct. 6, 1928 (Address) 3912 St. Louis Av.

*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 Valhalla Cemetery

DATE OF BURIAL Oct 9 1928

20. UNDERTAKER Hy. Leichner Un. Co.

ADDRESS 1417 N. Market St.

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.

WRITE PLAINLY, WITH INKPADDING INK—THIS IS A PERMANENT RECORD