

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

Do not use this space.

26397

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo.** (No. **3015 St. Vincent Av**) St. Ward)

File No.
 Registered No. **7631**

2. FULL NAME

William H. Mohrhaus
 (a) Residence. No. **3015 St. Vincent Av. 17** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lyne Mohrhaus</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>May 2 - 1862</i>		
7. AGE YEARS <i>67</i>	MONTHS <i>2</i>	DAYS <i>20</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Dept. Sheriff</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Circuit Court</i> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Missouri</i>		
10. NAME OF FATHER <i>Henry Mohrhaus</i>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <i>Mary Schleit</i>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY)		
14. INFORMANT <i>Mrs. Lyne Mohrhaus</i> (Address) <i>3015 St. Vincent Av.</i>		
15. <i>W. E. Standley</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 22 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 21 1928* to *July 22 1929* that I last saw him alive on *July 20 1929*, and that death occurred, on the date stated above, at *6 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
1290
 (duration) yrs. *8* mos. ds.
CONTRIBUTORY (SECONDARY) *Chronic myocarditis*
 (duration) yrs. *6* mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *Home*
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS *Clinical & Laboratory*
 (Signed) *R. E. Owen* M.D.
7/23, 1929 (Address) *University Club Bldg*

*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 <i>Old Pickers Cem.</i>	DATE OF BURIAL <i>July 25 1929</i>
20. UNDERTAKER <i>E. J. Schuur</i>	ADDRESS <i>3125 Lafayette</i>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10-184

FILED 23 1929

