

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

Do not use this space.

7104

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Christan Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 1973
St. Ward)

2. FULL NAME

(a) Residence. No. 100 W. 14th St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Mohrman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Hotel Proprietor
(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) Mo.

10. NAME OF FATHER Henry Mohrman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Elizabeth Mohrman
(Address) 100 W. 14th St.

15. FILED 19 Mar 2 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 13th, 1930, to Feb. 23rd, 1930.
that I last saw h. live on Feb. 22nd, 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia.
Pyelonephritis neglected (Chronic)
(duration) yrs. mos. 5 ds.
CONTRIBUTORY Infected Kidney (abscess)
(SECONDARY) non tubercular cause unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 400 W. 14th St

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 30th 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Registrian
(Signed) Arthur Sunlass, M. D.

*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 Manassas Alton Ill DATE OF BURIAL 2-27 1930

20. UNDERTAKER C. J. Jacoby Und. ADDRESS Alton Ill

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.

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