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

Do not use this space.

40634

File No.

Registered No. 375

JAN 22 1931

1. PLACE OF DEATH
County St Louis
Township Central
City (No. 8209 Toddy ave St. Ward)
Registration District No. 789
Primary Registration District No. 6033 B.

2. FULL NAME Mary Mohore
(a) Residence. No. 8209 Toddy St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Engelie Mohore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1892

7. AGE: Years about 38 | Months Unknown | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home wife
(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) Austria

PARENTS
10. NAME OF FATHER John Gaiz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Engelie Mohore
(Address) 8209 Toddy

15. FILED 12/31, 1930 Opella D. Kacey M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1930

17. I HEREBY CERTIFY, That I attended deceased from June 29th, 1928, to Dec 31, 1930, that I last saw her alive on Dec 28th, 1930, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of lungs & throat.
23A
(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Carl Abhans M. D.
12/31, 1930 (Address) 3248 Lafayette

*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: Oak Grove | DATE OF BURIAL: 1-2 1931

20. UNDERTAKER: Wm. P. Moydell | ADDRESS: 1926 Allen

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 UNFADING INK—THIS IS A PERMANENT RECORD