

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.

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

Do not use this space.

26908

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. Mo Baptist Hospital)  
Registration District No. 1800  
Primary Registration District No. 1800

File No.....  
Registered No. 8110  
St. .... Ward)

2. FULL NAME

Margaret Mohrle  
(a) Residence, No. 53410 Cote Bulliant St. 6 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mohrle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1845  
7. AGE YEARS 77 MONTHS 8 DAYS 6 IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Henry Mohrle 53410 Cote Bulliant

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Grou Mausoleum DATE July 1931

19. UNDERTAKER (ADDRESS) Drehanmann, 1905 Union Blldg

20. FILED ALL 22 1931 Wm. C. Standley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1931  
22. I HEREBY CERTIFY, That I attended deceased from July 19 1931 to July 21 1931  
I last saw h. alive on July 21 1931 Death is said to have occurred on the date stated above, at 3:15 P. m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal Obstruction due to Fecal Impaction Date of onset 7-19-31  
1931  
930  
Other contributory causes of importance:  
Impo - Arterio Chronic  
Name of operation abdominal Date of 7-22-31  
What test confirmed diagnosis? Opistho Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) J. H. Hale M. D.  
(Address) Roosevelt Bldg.

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