

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **De Paul Hospital**)

File No. **17939**
 Registered No. **4135**
 St. Ward)

2. FULL NAME

Engene A. Mockler
 (a) Residence, No. **4998** **Southland** St., **14** 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 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 Margaret Mockler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1862		
7. AGE YEARS 71	MONTHS 0	DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis		
13. NAME Thomas Mockler		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Penelope Gleason		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Mrs. Mary Mockler (ADDRESS) 5512 Belmonte, Ca		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cathryn DATE 5-10 19 33		
19. UNDERTAKER Arthur J. Donnell, Inc. by (ADDRESS) 3035 S. Grand St.		
20. FILED F. J. Stecker 19 33 Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 8th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **12-30-32**, 19 to **May 8th**, 19**33**
 I last saw him alive on **May 8th**, 19**33** Death is said to have occurred on the date stated above, at **11³⁰ a.m.**
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart Date of onset **1 day**
13.7
24
6.5 B
Operation for Hypertrophy Prostate
 Other contributory causes of importance:
General arterial sclerosis

Name of operation **Suprapubic Prostatectomy** Date of **Jan 12, 1933**
 What test confirmed diagnosis? **clinical** 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? _____
 If so, specify _____
 (Signed) **Carl J. Thayer** M. D.
 (Address) **4501 Easton**

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.

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Mr. G. A. Adams

4501 Easton

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