

APR 9 1935

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

Do not use this space.

10851

1. PLACE OF DEATH

County..... Registration District No. **8001**
Township..... Primary Registration District No. **162**
City St. Louis (No. 4933, Harrison Ave) St. _____ Ward _____

2. FULL NAME William Mohr

(a) Residence, No. 4933 Harrison St., 7 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Mohr
9-10-1850

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
84 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Ill13. NAME Jacob Mohr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Catherine Cost16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Mrs. Otto Speck
(ADDRESS) 4933 Harrison Ave18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk DATE 3-18 193519. UNDERTAKER H. A. Stork, and Co.
(ADDRESS) 2117 E. Grand Blvd20. FILED APR 15 1935 19
Jo. J. Brodack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 193522. I HEREBY CERTIFY, That I attended deceased from March 3 1935 to March 14 1935I last saw him alive on 3/14 1935. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic
(Arterio Sclerotic degeneration) Date of onset

Other contributory causes of importance:

131
Arteriosclerosis chronic

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) John B. McClure, M. D.(Address) 5373 N. Union

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.

WHILE EXAMINING WITH ORDINARY CARE THIS IS A PERMANENT RECORD

8-1032

11. 8160

5323 N. W. Johnson

W. L. Johnson