SEP 25 1935

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

Do not use this space.

27462

PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 107

City Jennings (No. 2117 Mc. Laren Ave St. Ward)

2. FULL NAME Wm. A. Mohrhaus

(a) Residence, No. 2117 Mc Laren Ave St., 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Mohrhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17 - 1846

7. AGE: Years 89 — Months 1 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Market vater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

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): Ger

FATHER

13. NAME: Gebard Mohrhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger

17. INFORMANT (ADDRESS): Mary Hauffer 2117 Mc Laren

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Aug 5 1935

19. UNDERTAKER (ADDRESS): Bramsenburg Funeral Co 4744 St. Louis Ave

20. FILED: Aug 3d 1935 W. A. Zeitler Registrar.

Geo. E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to Aug 2d, 1935

I last saw him alive on Aug 1d, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

	Date of onset
Arteria Sclerosis	for yrs
Chronic Myocarditis for several yrs	

Other contributory causes of importance: Senility

Name of operation: Date of:

What test confirmed diagnosis? ok 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) Theo K. Comelman, M. D.

(Address) 5043 Vernon Ave.

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