

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.

This must be OK'd by coroner

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

Do not use this space.

20619

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township

Primary Registration District No. 6033a

City

Blayton

(No. St. Louis as Hospital)

St.

Ward

File No.

Registered No. 187

2. FULL NAME

James Mokler

(a) Residence, No.

Valley Park MoSt.

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept 5-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

68

8

3

OCCUPATION

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

accountant

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)

St. Louis Mo

FATHER

13. NAME

Richard Mokler

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

Ireland

MOTHER

15. MAIDEN NAME

May Robau

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

Ireland

17. INFORMANT (ADDRESS)

J. Leo Burke 1123 Boland Drive R.H.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 5/11/36

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly 3840 Lindell Blvd

20. FILED

5-9-36

1936

Dr. J. Schiavelli

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 8 1936, to May 8 1936

I last saw him alive on May 8 1936 Death is said

to have occurred on the date stated above, at 7:00 P.M.

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

Coronary Occlusion  
Calcification

Date of onset

Other contributory causes of importance:

Arteriosclerosis  
Generalized Arteriosclerosis  
Senile type

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

What test confirmed diagnosis? clinical Was there an autopsy?

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 of injury in any way related to occupation of deceased? no

(Specify)

Signed

R. W. Schelling  
St. Louis Co. Hosp.

M. D.

This certificate O'K'D by Coroner, because man was taken to County hospital and died few hours later. Was sent to County hospital by some physician from Valley Park, during an attack of severe angina pectoris;