JAN 10 1937

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

Do not use this space.

46730

791

1003

File No.

Registered No. 12525

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No.1 St. Ward)

Registration District No.

Primary Registration District No.

B. 13546

2. FULL NAME George H. Mohrmann

(a) Residence, No. 1905 Rear Dodier St., 26 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 31st, 1868

7. AGE: 68 YEARS | MONTHS: 10 | DAYS: 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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, Missouri

FATHER

13. NAME: John Mohrmann

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospitzl No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Dec. 23rd 1936

19. UNDERTAKER (ADDRESS): Hy Leidner Und. Co. 1417 N. Market St.

20. FILED DEC 22 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/20/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/18/36, 19, to 12/20/36, 19

I last saw him alive on 12/20/36, 19 Death is said to have occurred on the date stated above, at 12.45 a

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

Carcinoma of mouth

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Borg, M. D.

(Address) City Hospital No.1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 50M-10-22-36 I X9314