

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

Do not use this space.

1. PLACE OF DEATH: **JUN 12 1937**

County.....  
Township.....  
City **St. Louis**

Registration District No.....  
Primary Registration District No.....  
(No. **Deaconess Hospital**)

**791**  
**1003**

File No.....  
Registered No. **4614**  
St. .... Ward

**18038**

2. FULL NAME **Margaret M. Mockler**  
(a) Residence, No. **4938a Sutherland Ave. st.** /4 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 **Female** 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 **Eugene A. Mockler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 22, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**68 1 11**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

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.**

13. NAME **Richard P. Lawler**

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

15. MAIDEN NAME **Margaret Cullen**

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

17. INFORMANT **Wm. J. Mockler**  
(ADDRESS) **4938a Sutherland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemt.** DATE **5-7-1937**

19. UNDERTAKER **Arthur J. Donnelly Undt. Co.**  
(ADDRESS) **3840 Lindell Blvd.**

20. FILED **MAY 5 - 1937** **J. P. Bredek** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1937**, to **May 3, 1937**

I last saw him/her alive on **May 3, 1937**. Death is said

to have occurred on the date stated above, at **10:30 a.m.**

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

**Arteriosclerosis - gen.  
myocardial infarction**

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **George C. Bero, M. D.**

(Address) **3615 So. Grand**

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.

OCCUPATION **235**

**15 05-1 899**

