

001 4 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH33024
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 3340 Aubert Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Amelia Mohrman
 (a) Residence, No. 3340 Aubert Ave. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Emil Mohrman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16th, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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 John Foelsing
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sophia Eise
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) H. S. Mohrman
3340 Aubert Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Sept. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS) Strehmann & Kamm
1905 Union Blvd.

20. FILED SEP 29 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Sept 28, 1937

I last saw h. er alive on Sept 27, 1937. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Heart failure
induced by due to
arteriosclerosis
 Other contributory causes of importance:
Chronic nephritis
 Date of onset 9/28/37
10/1/36

Name of operation none Date of X
 What test confirmed diagnosis? renal findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury X, 1937

Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) Dr. William T. Harrison M. D.
 (Address) 3500 N. Grand

8-10 only or used.
Holland v. Helman

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)