

No. 2
11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13172

MAY 15 1940 91

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3374

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3628 Clark Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHANNA MOCKLER 34

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Mockler

13. Birthplace Tipperary Ireland
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Eileen Maguire

15. Birthplace Tipperary Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anne Mockler

(b) Address 3628 Clark

17. (a) Burial (b) Date thereof 4-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director 1710 N. Grand Blvd.

(b) Address _____

19. (a) APR 13 1940 (b) J. P. [Signature]
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3628 Clark Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan - 1st
1940, to April 13, 1940,
that I last saw her alive on April - 12 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & urea

Due to Coron. Vascular Disease 4 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 4390 W. Pine St Date signed 4-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.