

FILED OCT 28 1942  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8701

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Pacific Hosp. D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
(a) State Missouri (b) County.....  
(c) City or town St. Louis 14 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6359 Murdock Avenue  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Elizabeth A. Mohler  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 19  
year 1942 hour 6 minute 35 P. M.  
21. I hereby certify that I attended the deceased from 10 - 18  
1942 to 10 - 19 1942  
that I last saw her alive on 10 - 19 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife William Mohler 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 16, 1858  
(Month) (Day) (Year)

Immediate cause of death.....  
Cerebral hemorrhage  
Due to hypertension  
Due to.....  
Other conditions hypertension  
(Include pregnancy within 3 months of death)  
Major findings: hypertensive heart disease  
Of operations Gen. arteriosclerosis  
Of autopsy.....  
Duration.....  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
84 3 3 hr. .... min.

9. Birthplace Pennsylvania 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Peter Gockley

13. Birthplace Pennsylvania 1  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Reinhold

15. Birthplace Pennsylvania 1  
(City, town, or county) (State or foreign country)

16. (a) Informant H. J. Mohler,

(b) Address 6359 Murdock Avenue,

17. (a) Burial (b) Date thereof 10/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT 20 1942 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

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?  
While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature Heinz S. Gen (M. D. ....)  
Address Mo. Pacific Hospital Date signed 10/19/42

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

MOTHER FATHER

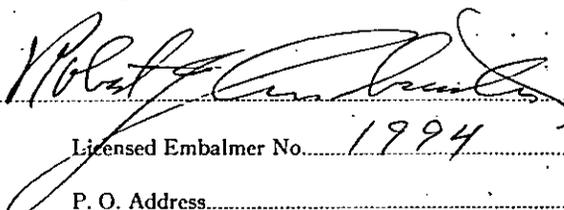
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No..... 1994

P. O. Address.....

**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, fact should be so stated above.**