. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39104

Registrar's No. 178

1. PLACE OF DEATH:

(a) County: ST. LOUIS

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

(c) Name of hospital or institution: MO. PACIFIC HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 WEEKS (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: 000 12 9 5

(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1131 HODIAMONT AVE. (If rural, give location)

(e) Citizen of foreign country? NO. 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Helen C. Mokler

3. (b) If veteran, name war:

3. (c) Social Security No. 702-14-0319

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MICHEL MOKLER

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

7. Birth date of deceased: NOV. 8 (Month) 1889 (Day) (Year)

8. AGE: Years 53 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation: CLERK MO. PACIFIC R.R.

11. Industry or business:

MOTHER FATHER

12. Name: THOMAS CORCORAN

13. Birthplace: (City, town, or county) IRELAND 4 (State or foreign country)

14. Maiden name: DONT KNOW

15. Birthplace: (City, town, or county) DONT KNOW (State or foreign country) 9

16. (a) Informant: CHARLES BREITWIESER

(b) Address: PRINCESS HOTEL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) JAN 5 1943 (Date received local registrar) (b) J. J. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-17, 1942, to 1-3, 1943; that I last saw h. alive on 1-3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	
Due to: Auricular fibrillation	
Due to: Coronary artery disease	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of rectum	
Major findings: Of operations: Colostomy	
Of autopsy:	

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: Harry E. Cron (M. D. or other)

Address: Mo. Pacific Hospital Date signed: 1/3/43

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.