

U. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED JAN 21 1943 818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 378

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4961 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 70 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4961 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary A. Mohr

MEDICAL CERTIFICATION

3. (b) If veteran, name war none
3. (c) Social Security No. none

20. DATE OF DEATH: Month January day 12th.
year 1943 hour 7:45 PM. minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phil Mohr
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased May 19 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-2 1942, to 1-12 1943
that I last saw her alive on 1-7 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 7 23 hr. _____ min.

Immediate cause of death:
Cachexia
Carcinoma of stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casper Haennie

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Phil Mohr
(b) Address 4961 West Pine Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43
(Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

Major findings:
Of operations _____
Of autopsy _____

19. (a) JAN 14 1943 (Date received local registrar) (b) J. P. Predeck (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 Harford Phillips (M.D. or other)
Address 1117 N. Union Date signed 1-13-43

Duration
Physician
Underline the cause to which death should be charged statistically.

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

Dr Stanford Phillips

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 Harner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.