

FILED APR 28 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3674**

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **1 Mo.**
(Specify whether years, months or days)

In this community..... **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo;** (b) County.....

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

(d) Street No. **3921 Lincoln Av.,**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Theodore Mohr**

3. (b) If veteran, name war..... *
3. (c) Social Security No..... *

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Infant**

6. (b) Name of husband or wife..... **Infant** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 14 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 4 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name **Theodore Mohr**

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

14. Maiden name **Priscilla Kuenzel**

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

16. (a) Informant **Theo. Mohr**
(b) Address **3921 Lincoln Av.**

17. (a) **Burial** (b) Date thereof **Apr. 20 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem**

18. (a) Signature of funeral director **Budweiser Funeral Home**

(b) Address **1936 N. Kings Ave.**

19. (a) **APR 20 1943** (b) **J. F. Budweiser**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **18**
year **1943** hour **7** minute **05 p.m.**

21. I hereby certify that I attended the deceased from **March 27** 19**43** to **April 18** 19**43**
that I last saw him alive on **April 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **General debility resulting from Prematurity and myocardial infarct**

Due to.....

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?

While at work? (Specify type of place)

(e) Means of injury.....

23. Signature **L. L. Collins** (M. D. or other)
Address **1500 Olive** Date signed **4/19/43**

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

MOTHER FATHER

McClellin

Linda Blay

2-4

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.....

No Embalming

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 N. Brown 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.