

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 7 1946
318

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(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)

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. 1130 Kentucky
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMIL MOHR
3. (b) If veteran, name war No 3. (c) Social Security No. 494-01-5227
4. Sex Male 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 March 13, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26th
year 1946 hour 5:05 minute A M.
21. I hereby certify that I attended the deceased from 1/3/46
_____ 19____, to 1/26/46 19____;
that I last saw him im alive on 1/26/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bleeding peptic ulcer Duration 3 days
Due to _____
Due to 117
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations Not done
Of autopsy not obtained

8. AGE: Years 62 Months 10 Days 13 If less than one day _____ hr. _____ min.
9. Birthplace Mascoutah Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business _____
12. Name Frederick Mohr
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Barbar Bachmann (City, town, or county) (State or foreign country)
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Theo. H. Mohr
(b) Address 3907 Ashland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery
18. (a) Signature of funeral director Paschedag-Henke Funeral Home (Specify type of place)
(b) Address 2825 N. Grand Blvd. While at work? (c) Means of injury _____
19. (a) JAN 27 1946 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

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?
23. Signature M. H. G. G. G. Date signed 1/26/46
Address _____

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

John Cyonowski

Licensed Embalmer No. *3398*.....

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.