

FILED JUL 16 1946

State File No. 2

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1446

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9912 Lark Ave
(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 Missouri (b) County 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9935 Lark Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anne J. Mohrmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife St. Clair Mohrmann 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 19th 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 14 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry Vorholt

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

14. Maiden name Elizabeth Effkent

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

16. (a) Informant St. Clair Mohrmann

(b) Address 9935 Lark Ave Lemay Mo.

17. (a) Burial (b) Date thereof 7-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation News, S. Peter & Paul Cem.

18. (c) Signature of funeral director Wingbermuehle Funeral Home While at work? (Specify type of place) (e) Means of injury

(b) Address 3819 S. Grand Blvd

19. (a) 2-8-46 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 3rd
year 1946 hour 11/10 minute P.M. M.

I hereby certify that I attended the deceased from Jan 1946 to July 3 1946
that I last saw him alive on July 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Small Intestine Duration 8 mos.

Due to Secondary carcinoma of liver
Other conditions 46-2
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Small Intestine PHYSICIAN
Of operations Intestine
Of autopsy none
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) no
(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 W. U. Schwanda (M. D. or other) O. W. H.
Address 3318 S. Grand Date signed 7-5-46

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

2318 S. Grand

AUG 11 1948

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..... *Albert G. Happe*

Licensed Embalmer No..... *2971*

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.