

No. 2
1-1/47
5-17-39

FILED AUG 21 1947
Registration District No. **1003**

Primary Registration District No. **1003**

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

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:
Pronounced dead at City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether Lifetime)

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Cecelia Mohr

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Uhrig Mohr 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased March 9 1892
(Month) (Day) (Year)

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

55 4 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Frederick Gauding

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

14. Maiden name Theresa Nack

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

16. (a) Informant Mrs. Lee Motch

(b) Address 2517 W. Sullivan Ave

17. (a) Burial (b) Date thereof 8/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 N. 20 Street

19. (a) AUG 11 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

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

(d) Street No. 3718 N. 25 Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1947 hour ? minute 15 P.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h....., alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Heat Stroke

Due to.....

Due to..... 191

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 17

Of autopsy.....

22. If death was due to external causes, fill in the following: ood

(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?..... Means of injury..... 3

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 8/11/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 D. 20 St

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.