No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40537

FILED NOV 21 1947

Registration District No. 3 Primary Registration District No. 6076 Registrar's No. 2305

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3645 Arkansas
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MOHART Virgil
3. (b) If veteran, name war WW-2
3. (c) Social Security No. 492-16-0268
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 August (Month) 17 (Day) 1922 (Year)
8. AGE: Years 25 Months 2 Days 23 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Artist
11. Industry or business
MOTHER FATHER
12. Name Mr. John Mohart,
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Norma Eberts
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Registrar VET. ADM. Hosp.
(b) Address JEFFERSON BK, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation HIRAM CEMETERY
18. (a) Signature of funeral director C. Hoffmeister U. Co.
(b) Address 7814 So. Bdwy. St. Louis, Mo.
19. (a) 11-12-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8, 1947
year hour 9:05 minute P. M.
21. I hereby certify that I attended the deceased from November 7, 1947 to November 8, 1947; that I last saw him alive on Nov. 8, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HODGKINS DISEASE	Unk
Due to: 44 hrs	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No Autopsy performed	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 (Specify yes or no)
23. Signature L. E. Stilwell L. E. STILWELL M. D.
Address V.A.H. Jeff. Brks. Mo. Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1948

JUL 21 1948

NOV 22 1947

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7941 Broadway

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.