S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14455

Registrar's No. 3940

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: City Sanitarium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5mos.26ds. (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 23 1411 S. 7th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PETER MOHNKORN
3. (b) If veteran, name war ---
3. (c) Social Security No. --
4. Sex male O
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Bertha Mohnkorn
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June (Month) 10 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	10	14	hr. min.

9. Birthplace Highland (City, town, or county) Illinois (State or foreign country) /
10. Usual occupation Structural Iron worker
11. Industry or business
FATHER
12. Name not known
13. Birthplace Alsace-Lorraine (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name not known
15. Birthplace Illinois (City, town, or county) (State or foreign country) /
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Macke-Helderle
(b) Address 3634 Gravois Ave.
19. (a) (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24 year 1948 hour 5.20 minute P M.
21. I hereby certify that I attended the deceased from Apr. 28, 1947, to Apr. 24, 1948, that I last saw him alive on Apr. 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	4/28/47x
Due to: Broncho Pneumonia	4 ds.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: - Of operations:	
Of autopsy: No	

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)
(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? (e) Means of injury
23. Signature Paul T. Hartman (M. D. or other)
Address 5400 Arsenal St. Date signed 4/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J Ryland

Licensed Embalmer No. 2645

P. O. Address St Louis

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.