

No. 300
10.48

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8932
Registrar's No. 26

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY OR TOWN ROCK TOWNSHIP	c. LENGTH OF STAY (in this place) 22 YEARS	c. CITY OR TOWN RURAL - NEAR ARNOLD Mo	d. STREET ADDRESS (If rural, give location) ROCK TOWNSHIP
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME NEAR ARNOLD Mo			

3. NAME OF DECEASED (Type or Print) OSCAR F. MOHRSTADT			4. DATE OF DEATH APR 5 1949	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX M. U	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 3, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9 Days 2	IF UNDER 14 HRS. Hours - Min. -
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED.		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC OFFICE		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME John Mohrstadt		13b. MOTHER'S MAIDEN NAME Justine Schaefer		14. NAME OF HUSBAND OR WIFE BLANCHE MOHRSTADT	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Blanche Mohrstadt		ADDRESS	
--	--	-------------------------------------	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL: BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Sexual)		DUE TO (b) Primary (Sexual glands)			
		ANTECEDENT CAUSES		DUE TO (c)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1949				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Arnold, Rock Jefferson, Mo	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **Jan 15, 1949**, to **Mar 5, 1949**, that I last saw the deceased alive on **3/3**, 1949, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Reich M.D.		23b. ADDRESS Sumnerwick		23c. DATE SIGNED 3/6/49	
--	--	--------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE April 6 49	24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG April 6 49	REGISTRAR'S SIGNATURE Phil J Kirk 145	25. FUNERAL DIRECTOR'S SIGNATURE Helwig Funeral Home	ADDRESS Sumnerwick Mo
---	--	---	------------------------------

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

RECEIVED
District Health Officer No. 9,
District File Number
APR 12 1949
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arthur W. Healy

Signed _____
Student Embalmer

Licensed Embalmer No. *3872*

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.