.S. No. 300
v. 10.48

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

NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37200

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2687

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Berkeley
c. LENGTH OF STAY (In this place) 3Mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Penn Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 5257 St. Louis Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Irma b. (Middle) Wanda c. (Last) Mohl
4. DATE OF DEATH (Month) (Day) (Year) 10 - 16 - 1952
5. SEX Fem
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1 - 1 - 1890
9. AGE (In years last birthday) 62 | If under 1 year: Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Elder Mfg. Co
11. BIRTHPLACE (City and State or Foreign Country) Riverdale, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry H. Mohl
13b. MOTHER'S MAIDEN NAME Wilhelmina Meyer
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 489-07-9610
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Selma L. Mohl, 5257 St. Louis Ave., St. Louis,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhages — INTERVAL BETWEEN ONSET AND DEATH ~~7 weeks~~ 4 mo.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio-vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Rt hemiplegia — ~~7 weeks~~ 4 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1952, *to* Oct 16, 1952, *that I last saw the deceased alive on* Oct 14, 1952 *and that death occurred at* 10:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Lewis Lettmann (Degree or title) MD
23b. ADDRESS 8231 Clayton Rd (17)
23c. DATE SIGNED 10/17/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/20/52
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) St. Louis County (State) Mo.
DATE REC'D BY LOCAL REG. 10/17/52
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.
(Licensed Embalmer's Statement on Reverse Side)

P.T.

Dr. Lewis E. Littman
8231 Clayton Road

3-5Fri &Sa

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.

Student _____
Student Embalmer

Signed Albert R. Thompson Jr

Licensed Embalmer No. 42 87

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.