

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38640**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9555**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 5 days | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | e. STREET ADDRESS (If rural, give location) 1418 Burd Avenue | |

| | | | |
|--|----------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Mohr | | 4. DATE OF DEATH (Month) (Day) (Year) 10 - 31 - 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2 - 14 - 1870 |
| 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer | 11. BIRTHPLACE (City and State or Foreign Country) Germany |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Anna Mohr |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Mohr |
| | | ADDRESS 1418 Burd Ave. |

| | | | |
|---|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute enterocolitis | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| | ANTECEDENT CAUSES DUE TO (b) Carcinoma, large bowel | | |
| | DUE TO (c) Cerebral atrophy | | |
| 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 Colitis, acute; Carcinoma, large bowel | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 153X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 **10/24, 1955**, to **10/31, 1955**, that I last saw the deceased alive on **10/31, 1955**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

| | | | | |
|--|-----------------------------|---|--|--|
| 23a. SIGNATURE Thomas Crampa | | 23b. ADDRESS 35 N. Central, Clayton | | 23c. DATE SIGNED 11/1/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) entombment | 24b. DATE 11/3/55 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. NOV 2 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral |
| | | | | ADDRESS 1905 Union Blvd. |

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

Dr. Clampa 1:30 - 4:30
Call before going

35 N. Central

Pa 6,0643

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.....
Signature of Student Embalmer

Signed *Albert R. Thompson*

Licensed Embalmer No. 42

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.