

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3500

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Lathrop Hospital) St. Ward.....

File No.
Registered No. 1139
St. Ward.....

2. FULL NAME

William A. Moellman
(a) Residence. No. 2624 Louisa St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 1-1860.</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>28</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Insurance Man</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Henry Moellman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Algoelckelmann</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>

14. INFORMANT August St. Moellman
(Address) 1821 Russett ave.

15. FILED 500 - 1 1227 Man E. Starkeoff
19... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28th, 1927, to Jan. 29th, 1927 that I last saw him alive on Jan. 29th, 1927, and that death occurred, on the date stated above, at 4:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestion of left
liver & the kidneys
left foot
non-diabetic (duration) yrs. mos. ds. 6
CONTRIBUTORY End arteritis of arteries (SECONDARY) (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED Ill. Ill.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Harold G. ..., M. D.
1/29, 1927 (Address) 607 1/2 Carleton Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Lake Charles Cem.</u>	DATE OF BURIAL <u>Feb. 2 1927</u>
20. UNDERTAKER <u>Ziegler & Bros. 2623 Cherokee</u>	ADDRESS <u>St.</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

10.11.74

(2)

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