

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

287.11

1. PLACE OF DEATH

County St. Charles
Towship Parsons
City O'Fallon (No.)

Registration District No. 760
Primary Registration District No. 6221

File No.
Registered No. 105
St. Ward

2. FULL NAME

Rev. Clement J. Moenig

(a) Residence. No. O'Fallon St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? 59 yrs. 6 mos. 6 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Catholic Priest
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Westphalia
(STATE OR COUNTRY) Germany

10. NAME OF FATHER J. Moenig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. Rev. Martin Hellriegel
O'Fallon Mo

15. FILED 8/21 19 29 J. M. Jenkins M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1929
17. 10

I HEREBY CERTIFY, That I attended deceased from Body 19 29, to 1929, that I last saw him live on Aug 21 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of lungs.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) influenza
(duration) yrs. mos. 9 ds.

18. WHEN WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edmund Cronin, M. D.
8-21, 1929 (Address) St. Charles Mo

*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 O'Fallon Mo DATE OF BURIAL 8/26 1929

20. UNDERTAKER E. A. Keithly ADDRESS O'Fallon Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

