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

Do not use this space.

7953

File No. 2324

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 1003 791

Primary Registration District No.

#20260

2. FULL NAME Fred Moehrman

(a) Residence. No. 3617a Evans St., 11 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 24, 1845

7. AGE: Years 85 | Months 7 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: ~~[illegible]~~ Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Machinist

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Chas. Moehrman

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

12. MAIDEN NAME OF MOTHER: Rosa Neukmow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: E. Rowan
(Address) City Hospital

15. FILED 21 [illegible], 19 Max C. Stakely REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1931, to Feb 20th, 1931 that I last saw him alive on Feb 20th, 1931, and that death occurred, on the date stated above, at 7:25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis with Gen'l arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senile Gangrene of Rt Leg

(duration) yrs. mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3617a Evans 926

DID AN OPERATION PRECEDE DEATH? no DATE OF 97

WAS THERE AN AUTOPSY? no 926

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Benj Margulois, M.D.

2/20, 1931 (Address) City Hospital

*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: Litchfield Illinois

DATE OF BURIAL: 2-23 1931

20. UNDERTAKER: George L. Pleitsch

ADDRESS: 5966 Easton Ave.

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.