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

Do not use this space.

11676

File No. 2754

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10,053

City St. Louis Mo. (No. 3831 Cleveland av. St. Ward)

2. FULL NAME Antoinette Moehle

(a) Residence, No. 3831 Cleveland av. St. 17 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. ~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19-1850

7. AGE: Years 82 | Months 4 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME George Seldmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Emma Hibbard
(ADDRESS) 3831 Cleveland av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul's Cem. DATE March 24, 1933

19. UNDERTAKER E. J. Lehmer
(ADDRESS) 3125 Lafayette av.

20. FILED Mar 22 1933, 19 Wm C Harlan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to March 21, 1933

I last saw h. alive on 3/21, 1933. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
1003	
1/2 1003	

Other contributory causes of importance: Bronchial asthma

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto C Hausser, M. D.

(Address) 3156 Park av

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.

THIS IS A PERMANENT RECORD