

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.

FEB 27 1934

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

Do not use this space.

3016

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 303
City St. Louis Mo. (No. 6151 Suburban Ave.) St. Ward)

File No.
Registered No. 667 St. Ward)

2. FULL NAME

Frank W. Moehle
(a) Residence, No. 6151 Suburban Ave. St. 5 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 - 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	13. NAME <u>Wm A. Moehle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Adm Moehle</u> (ADDRESS) <u>6151 Suburban Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Lawn Cem.</u> DATE <u>Jan. 20 - 1934</u>		
19. UNDERTAKER <u>Ziegenhein Brok.</u> (ADDRESS) <u>727 1/2 Chesnut</u>		
20. FILED <u>19 1934</u> <u>J. J. Beddeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1931, to Jan 18, 1934
I ~~last~~ saw him alive on Jan. 17, 1934. Death is said to have occurred on the date stated above, at 1:10 p. m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset Jan. 1933
92 A
Other contributory causes of importance?
General paresis of Insane

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? No
If so, specify

(Signed) St. Louis Schuchat , M. D.
(Address) 727 1/2 Chesnut Ave.

