36

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.

MAY 7 1936

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

Do not use this space.

791

16975

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 16975

Township ..... Primary Registration District No. ..... Registered No. 3726

City St Louis (No. City Hosp # ..... St. ..... Ward)

2. FULL NAME Caroline Moehlenkamp

(a) Residence, No. 2601 N. 20th St. 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: S
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1867

7. AGE: YEARS 68 | MONTHS 5 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stink
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live
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) Illinois

FATHER

13. NAME ~~Henry Moehlenkamp~~ Adam Schaubert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Henrietta Spilker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp Inf Mgmt City Hosp #

18. BURIAL, CREMATION, OR REMOVAL PLACE Okawville Ill DATE Apr. 8, 1936

19. UNDERTAKER (ADDRESS) Bedenwald Funeral Home Inc 1936 St Louis Mo.

20. FILED APR 6 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/29, 1936, to 4/5/36, 19

I last saw her alive on 4/5/36, 19 Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Fracture Left Femur - Intertrochanteric — Date of onset 1/29/36

Other contributory causes of importance: Bronchopneumonia

Name of operation ..... Date of .....

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

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

Accident, suicide, or homicide? Accident Date of injury 1/29, 1936

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

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

Manner of injury Fall to floor.

Nature of injury Fracture

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

If so, specify .....

(Signed) John R Haslem M. D.

(Address) City Hosp #