

REC'D MAY 6 1938

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

15871
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 117 Registered No. 645
 (c) City Webster Groves (d) Street No. 867 Clark Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rudolph Herman Moellmann 455

(a) Residence, No. 865 Clark Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Anna Moellmann (nee Hoelscher)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1850
 7. AGE YEARS 87 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardener
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) St. Louis, Mo.

FATHER 13. NAME Hermann Moellmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Jane ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Rudolph J. Moellmann
867 Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE April 13 1938
MAITELBERG FUNERAL HOME, IN

19. FUNERAL DIRECTOR (ADDRESS) MAITELBERG FUNERAL HOME, IN

20. FILED 4-10 1938 D. R. Meyer M.D. Sec'y Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/38 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov - 15 1938 to Apr. 9 1938
 I last saw him alive on Apr. 9 1938. Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 131-
 Other contributory causes of importance:
 Generalized arteriosclerosis
 Chronic nephritis

Name of operation Date of operation
 What test confirmed diagnosis Phys Exam 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
 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) P. J. Volkmann M. D.
 (Address) 5521 Big Bend Blvd. Hilldale Grove Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Benjamin C Duncan....., Licensed Embalmer No. 2272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Benjamin C Duncan
Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)