

JUL 12 1938

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

20071  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **De Paul Hospitals** St. **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

**Cyril Moellering**  
(a) Residence, No. **Florissant Mo. Route 2** St. **Fl** **Florissant Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 30, 1916.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**21 9 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farm Work**  
9. Industry or business in which work was done, as 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) **Missouri**

FATHER 13. NAME **Henry Moellering**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **May Rosner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Henry Moellering Florissant Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sacred Heart Cem** DATE **June 8, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Jos. W Clark 1125 Hodiamont Ave.**

20. FILED **JUN 7 1938** **J. F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5, 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at **4 P.m.**

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

**Subdural hemorrhage of Brain Fracture of 1st rib, R. side and Rib cage fragments, following accident in which the automobile he was driving collided with an auto driven by**

Other contributory causes of importance: **one car got out of intersection of Highway 140 and Charleston road 8:30 pm 5/30/38**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **Accident** Date of injury **5/30, 1938**  
Where did injury occur? **St. Louis County**  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. **public place**

Manner of injury **see above**  
Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify **Jos. W. Clark**  
(Signed) **Jos. W. Clark**  
(Address) **1125 Hodiamont 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.

STATEMENT BY LICENSED EMBALMER

I, Jos W. Clark, Licensed Embalmer No. 1661

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

Jos. W. Clark  
Licensed Embalmer No. 1661

**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.)**