

REG'D SEP 14 1939

791

Registration District No.

Primary Registration District No.

Registrar's No.

7124

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2121 Victor St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Augusta Moehrle 640

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Tobias 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov. 8, 1852
(Month) (Day) (Year)8. AGE: Years 86 Months 9 Days 8 If less than one day hr. min.9. Birthplace Waterloo, Ills.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Edward Struebig13. Birthplace Germany.
(City, town, or county) (State or foreign country)14. Maiden name Dont know.15. Birthplace Dont know.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward Moehrle(b) Address 2121 Victor St.17. (a) Cremation (b) Date thereof Aug. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri Crematory18. (a) Signature of funeral director J.H. Hehken and Ues.(b) Address 2630 Gravois Ave.19. (a) AUG 16 1939 (b) J.P. Brueck
(Date of death) (Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2121 Victor St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month Aug day 16 ch
year 1939 hour 5 minute 10 A. M.21. I hereby certify that I attended the deceased from May 16, 1939 to Aug 16, 1939
that I last saw him alive on Aug 15, 1939
and that death occurred on the date and hour stated above.Immediate cause of death _____
Duration 6 moDue to Intestines

Due to _____

Other conditions Intest. Regurg. 2 yr.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature J.P. Brueck (M. D. or other) _____
Address 3014 S. Jefferson Date signed Aug 16 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Herman A. Gibken

Licensed Embalmer No. 2120

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.