

No. 2  
4-13-40  
5-17-39  
X23159

MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15925  
Registrar's No. 824

Registration District No. 784 Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution: Veterans Administration Facility  
(d) Length of stay: In hospital or institution Admitted 3/28/41  
In this community Since 3/28/41

3. (a) PRINT FULL NAME Frank Moellenberg  
3. (b) If veteran, name war World  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Johanna  
6. (c) Age of husband or wife if alive years 30 1891

7. Birth date of deceased August 30 1891

8. AGE: Years 49 Months 7 Days 14

9. Birthplace Coeln, Germany

10. Usual occupation Jeweler

11. Industry or business Jewelry and Optical

12. Name John Moellenberg  
13. Birthplace Germany

14. Maiden name Adele Bormen  
15. Birthplace Germany

16. (a) Informant M. Schullig  
(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) BURIAL (b) Date thereof APR. 18 41  
(c) Place: burial or cremation New St. Peter & Paul Church

18. (a) Signature of funeral director J. P. Fiedler  
(b) Address Michigan Ave

19. (a) APR 17 1941 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis (d) Street No. 6925 Vermont  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 14th  
year 1941 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from March 28th 1941 to April 14th 1941  
that I last saw him alive on April 14th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary arteriosclerotic and hypertensive heart disease, marked

Due to cardiac enlargement, myocardial damage and myocardial insuffi-

Due to ctenoy, and unknown

Other conditions Nephritis, chronic, with edema and nitrogen retention. unknown

Major findings: None  
Of operations  
Of autopsy No autopsy. 1218

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence

(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature C.W. HUGHES, M.D. (M. D. or other)  
Address Chief Medical Officer. Date signed 4/15/41

**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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

**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, fact should be so stated above.**