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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19817

Registration District No. 791 FILED JUL 21 1941

Primary Registration District No. 1003

Registrar's No. 4629

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State M/O (b) County 000

(c) City or town St. Louis 267
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 St. Louis Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fred Moehlenkamp

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male O

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown.

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 76 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Germany Y (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Wm Moehlenkamp
13. Birthplace Germany Y (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name Eliae Factor
15. Birthplace Germany Y (City, town, or county) (State or foreign country)

16. (a) Informant Wm Moehlenkamp
(b) Address 6540 Julian Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 3 (Day) 1941 (Year)
(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director Beidewieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) JUN 9 - 1941 (Date received local registrar) (b) J. N. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2. year 1941 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from May 31, 1941, to June 2, 1941, that I last saw him alive on June 2, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to 93d	
Due to 93c	
Other conditions (Include pregnancy within 3 months of death) Gangrene of Fo. from	
Major findings: Of operation arteriosclerotic gangrene	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harold Freedman M.D. (M. D. or other)
Address 1515 Lafayette Ave. Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

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.

No embalming

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1926 St. Louis

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

If this body is not embalmed, fact should be so stated above.