

FRED JUL 23 1942

Registration District No. 303

Primary Registration District No. 5420

Registrar's No. 26

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

1. PLACE OF DEATH:
 (a) County Gasconade
 (b) City or town Rural - Roark
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 12 miles south of Hermann
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution all her life (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade
 (c) City or town Rural - Roark
(If outside city or town limits, write "RURAL")
 (d) Street No. 12 miles south of Hermann
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME MRS. LYDIA MOECKLI
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Herman Moeckli 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Feb. 5 1875
(Month) (Day) (Year)

20. DATE OF DEATH: Month June day eight
 year 1942 hour ten minute 55 A.M.
 21. I hereby certify that I attended the deceased from May 7, 1936
 to June 8, 1942
 that I last saw her alive on June 8, 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary occlusion Duration 3 hrs.

8. AGE: Years <u>67</u>	Months <u>4</u>	Days <u>3</u>	If less than one day hr. min.
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Due to Arteriosclerosis ?
Carotid aneurysm 6 yrs.

9. Birthplace Hermann, Missouri
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation

11. Industry or business

12. Name Chas. Hahn
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Nolte
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations

Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Moeckli
 (b) Address Hermann, Missouri RFD

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof 6/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moeckli Farm Cemetery
Hugo H. Blumer

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) D.O.
 Address Hermann, Mo. Date signed 6/10/42

18. (a) Signature of funeral director [Signature]
 (b) Address Hermann, Missouri

19. (a) June 10-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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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.....

Hugon Blumer

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

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.